

Caretaker Supplement Handbook
Wisconsin Department of Health and Family Services
Division of Disability and Elder Services



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Preface

This Handbook was prepared to assist local agency workers and other interested persons to understand the basic policies and procedures related to Wisconsin's Supplemental Security Income (SSI) Caretaker Supplement. The Handbook is intended to provide a broad understanding of the program and to document policy and procedure that is specific to the program and not stated elsewhere. The Handbook is not intended as a step-by-step case processing guide for electronic eligibility systems.

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Caretaker Supplement Handbook

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Section I - Introduction

Program History and Authority

The Caretaker Supplement (CTS) is a cash benefit program. The program's benefit recipients are low-income parents who receive Supplemental Security Income (SSI) payments. These SSI parents receive CTS benefits for each of their eligible children.

Wisconsin's Caretaker Supplement was authorized by 1997 Act 27, which created ss. 49.775. This original statutory language enabled and funded the program and specified the program's basic eligibility requirements. It also included language that specified that the intent of the program was to provide cash benefits to SSI parents who would have met the eligibility requirements for benefits that were in place on July 16, 1996 under Aid to Families With Dependent Children (AFDC), a program eliminated by the federal government in 1997.

The first Caretaker Supplement benefits were distributed to approximately 5,700 former AFDC recipients for their 11,000 children in December 1997. The initial benefit payment was \$77 per child. Beginning January 1998, the program began paying SSI recipients who had not been receiving AFDC, but whose children met the eligibility requirements for AFDC and would have received AFDC cash and Medicaid benefits had AFDC not been eliminated by the federal government. These CTS-eligible children were identified by their receipt of AFDC-Medicaid in Wisconsin's Client Assistance for Re-Employment and Economic Support (CARES) computer system. AFDC-Medicaid eligibility requirements were identical to AFDC cash requirements, and this methodology for identifying new CTS cases served as a satisfactory proxy until a CTS-specific electronic eligibility determination process could be implemented in CARES.

The benefit payment amount for CTS remained \$77 per month, per child until July 1998, when the payment was increased by the Legislature to \$100 per month, per child. 1999 Wisconsin Act 9 increased

the benefit to \$250 per month for the first eligible child and \$150 per month for each subsequent eligible child. This change was effective in November 1999. CTS benefits are never prorated based on the number of days a SSI parent is eligible for any payment month.

During April 2001, the Wisconsin Legislature promulgated Ch. HFS 79, an administrative rule that enabled the Department of Health and Family Services to recover CTS benefit payments that were incorrectly made, due to ineligibility or overpayment, to SSI recipients.

Appendix 1, State Statutes and Codes contains current statutory language governing the Caretaker Supplement benefit.

On January 25, 2002, CTS became a unique program of assistance in Wisconsin's CARES system. Local economic support agency workers began using this computerized system to process applications, determine eligibility and generate notices and payments for CTS effective with payments for March 2002.

As of January 2004, approximately 6,000 SSI parents were receiving Caretaker Supplement benefits for their 12,300 children.

Benefit Funding

In 2003, CTS benefits totaled approximately \$29.5 million. Caretaker Supplement benefits are funded by a combination of Wisconsin general purpose revenue tax dollars (GPR) and federal Temporary Assistance to Needy Families (TANF) dollars. The portion of CTS funding that is derived from GPR dollars is utilized by the Department of Health and Family Services (DHFS) to meet Wisconsin's federally imposed maintenance of effort requirement for Supplemental Security Income. For SSI purposes, CTS benefits are viewed as part of Wisconsin's SSI state supplemental payment. After DHFS counts its GPR funded portion of CTS toward its SSI maintenance of effort requirement, the remainder of CTS benefit funding is supported by TANF dollars.

In turn, these TANF dollars are counted by Wisconsin's Department of Workforce Development (DWD) toward its federally imposed TANF maintenance of effort.

Program Administration and Partnerships

The Caretaker Supplement is administered by the Wisconsin Department of Health and Family Services and local county and tribal economic support agencies. The local agencies are the point of application and eligibility determination for CTS. DHFS contracts with several data processing firms to manage the CARES related aspects of the program and to process SSI payments, to which CTS benefits are added. Illustration 1 depicts these administrative relationships.

The entity administering CTS in DHFS is the State SSI Coordinator, housed within the Administrator's Office of the Division of Disability and Elder Services, Room 850, 1 W. Wilson Street, Madison, Wisconsin 53702. Program administration may also be reached by phone at 608-266-6890 or by fax at 608-266-2579.

Persons who need to report a lost or stolen SSI check that includes Caretaker Supplement or who need a CTS benefit history must contact Recipient Services at 800-362-3002. Requests for CTS benefit histories may also be faxed to 608-221-0991. Misdirected SSI benefit checks must be mailed to DHFS/ State SSI, P.O. Box 6680, Madison, Wisconsin 53716-0680.

For assistance with all matters related to application, eligibility, payment amount, appeals and grievances, etc., however, recipients or their representatives must contact their county or tribal economic support agency.

The Wisconsin Department of Workforce Development receives this state's block grant for TANF funding and is therefore responsible for meeting the TANF reporting requirements specified by the federal Administration for Children and Families (ACF) and completing the federal ACF-199, TANF Data Report. The DHFS assists in this activity

by providing monthly payment, eligibility and demographic information to DWD regarding CTS related TANF expenditures.

Section II - Purpose of the Handbook

General Purpose

The purpose of this handbook is to provide county and tribal agency economic support workers and other interested parties with a narrative description of program history, administration, eligibility and resource materials. This handbook is complimentary to the electronic eligibility determination made using the CARES system and is not intended to provide step-by-step instruction to determine eligibility. However, application of the policies and procedures in Section III, Program Eligibility of this handbook to any family configuration should result in an accurate assessment of whether CTS eligibility criteria are met for the group.

Consistency with AFDC-Medicaid Policy and Procedure

Eligibility determination processing for CTS using the CARES system was built on the program that existed in CARES for AFDC-Medicaid, because the requirements for program eligibility are almost identical. For this reason, any county or tribal agency economic support worker with experience handling eligibility determinations for AFDC-Medicaid will find that the policy and procedures described in this handbook are familiar. Policy for AFDC-Medicaid described in the Wisconsin Medicaid Handbook (MAHB) is applicable to CTS and is, therefore, not reiterated in this CTS handbook.

Administrative procedures related to managing applications, reviews, verifications, notices to recipients, etc. are detailed for local agency workers in the DHFS Income Maintenance Manual (IMM). Information and requirements specified in the IMM also generally apply to Caretaker Supplement.

The reader will find that not every policy or procedure stated in the MAHB appendices or IMM apply strictly to Caretaker Supplement. Common sense should be used when MAHB or IMM policies or procedures are applied. **When CTS policy or procedure directly conflict with the MAHB or IMM, defer to the CTS policy or procedure that is clearly stated in the Caretaker Supplement Handbook.**

Local economic agency workers may also rely on training materials available on the training website published by the Departments of Workforce Development and Department of Health and Family Services at:

<http://www.dwd.state.wi.us/dwspts/default.htm>

Section III – Eligibility Policy

Non-Financial Eligibility

- **Application**

Application for CTS is made at county or tribal economic support agencies. These agencies are generally located within the county or tribal human services or social services department. Application for CTS may be made by phone, mail or in person. Face-to-face contact between the applicant and agency personnel is not required. CTS application forms and instructions (DDE-2571A and DDE-2571) are available on the DHFS forms repository at <http://dhfs.wisconsin.gov/forms/>.

Anyone may apply for Caretaker Supplement. Once an individual has filed an application for CTS, the local agency has 30 days to process the application. The local agency may extend the application processing period when there are no longer ten days remaining in a month after the date on which an applicant was asked to provide verification of information.

Generally, an applicant for CTS is an SSI parent or the head of a family requesting assistance. Most often, application for CTS is processed simultaneously with applications for Medicaid, food stamps or child care assistance. The local agency will use the CARES system to enter the application and determine eligibility. The CARES system is programmed to test all cases for CTS, unless the applicant has specifically told the local agency worker that he or she is not applying for CTS.

Local agency workers can use the CARES system to determine eligibility for CTS back to January 1998, as long as the parent had requested public assistance and had an open assistance case in the CARES system for each month of CTS retroactivity. It is also very important that CTS payments made to parents before CTS became a program of assistance in CARES are not duplicated.

- **Standard Filing Unit**

When determining whether a possible CTS assistance group exists for any application, CARES configures a standard filing unit (SFU). This is a methodology for determining which members of a household must be taken into consideration when determining whether the non-financial and financial requirements of CTS are met. This methodology was first used when AFDC was available to residents of Wisconsin, and is used for CTS today, because CTS eligibility is built on the former requirements for the now defunct AFDC.

The SFU process will build a CTS case around a specific child, identifying the adults and other children who are also part of the CTS case and potentially able to garner CTS benefits that will be added to the parent's SSI payment.

To establish the SFU, determine whether the household contains at least one SSI parent caring for at least one minor child. Often, several children fit this criterion in a single household, so identify the "target child" around whom the CTS case will be built. Use either one of the following choices to determine which child in a household should be the target child:

First Choice for Target Child: The oldest minor child in common for parents in the household.

Second Choice for Target Child: The oldest child of the person identified by CARES as the Primary Person, when there are no dependent children in common or the only dependent children in common receive SSI, themselves.

Whenever the Primary Person in a case does not have any dependent children, or when all of the primary person's children receive SSI, it is not possible for a household to receive CTS.

The most typical family configuration seen among CTS applicants consists of a single parent with minor children or 18-year-old offspring who meet the AFDC criteria for *dependence*. The second most common CTS family configuration occurs when two

recipients of SSI live in a household with their minor children, some or all of whom do not receive SSI, themselves. There are many family configurations that include CTS recipients, however. See Illustration 2, CTS Case Scenarios for twelve examples.

After determining the target child, the SFU process requires that the natural or adoptive parents of the target child are included in the filing unit, along with any minor siblings or half-siblings of the target child. Parents of half-siblings are also included in the filing unit. Finally, minor siblings who have been married, but whose marriage was annulled, are included in the filing unit.

Some members of a household are not included in the SFU. Currently married or divorced persons under the age of 18 are not considered minor children for CTS purposes and are not included in the SFU. Step-siblings, step-parents, any children of the target child and all other relatives and non-relatives who live in the household are excluded from the SFU.

SSI parents are not permitted to voluntarily exclude any person from the SFU who would otherwise be automatically included. For instance, a parent may not opt to exclude a minor child who has income from wages from the SFU, when this income will cause the rest of the group to be income ineligible for CTS.

After determining which members of the household are in the SFU, we must determine which members are potentially eligible for CTS cash assistance. At this point, we begin to refer to the people who have become members of the SFU as the *assistance group*, or AG.

- **Definition of “CTS Eligibility”**

A CTS-eligible parent is a recipient of SSI who has met all financial and non-financial requirements for CTS. The CTS grant amount will include \$0 for the parent, however.

A CTS eligible child is a minor child or dependent

18-year-old who has met all financial and non-financial eligibility requirements for CTS. The CTS grant amount will include cash benefits for each eligible child.

Any parent who is pregnant cannot be eligible for CTS benefits for the fetus until the child is born.

- **SSI Eligibility in Wisconsin**

The relationship between parents and children and eligibility for SSI cash benefits in Wisconsin is very important in any CTS case. Parents in a CTS assistance group must be current recipients of SSI state supplemental benefit payments in Wisconsin. CTS parents may be eligible for both federal and Wisconsin State Supplemental SSI payments (SSP) or for SSP payments only, as a *grandfathered state-only SSI recipient*.

SSI or CTS benefits cannot be paid for any month to any federal SSI recipient whose state of jurisdiction is not Wisconsin. This means that the federal Social Security Administration (SSA) has classified the parent(s) SSI as within the jurisdiction of Wisconsin and has passed this status on to DHFS via federal/state SSI data exchange. Local agency workers have access to EDSNET/WSSI screens to verify whether Wisconsin has been assigned as the state of jurisdiction for a recipient of SSI.

Eligibility for federal SSDI benefits does not qualify a parent as a CTS parent. Neither does eligibility for Medicaid under s. 1619(b) of the Social Security Act, which is a Medicaid benefit for former SSI recipients whose earnings from work cause them to be ineligible for SSI cash benefits. Either the federal SSA or Wisconsin DHFS may designate an individual as eligible for Medicaid under s. 1619(b). However, a *child* who receives Medicaid under s. 1619(b) may be eligible for CTS, because he or she does not receive SSI cash benefits.

Children for whom SSI parents receive CTS may not be receiving SSI, themselves. However, any child who formerly received SSI and has appealed the termination of SSI (without continuation of cash

benefits pending the outcome of the appeal) may be eligible for CTS, even though his or her Medicaid under SSI has continued.

When both parents of any CTS eligible child are in the home, both must be receiving SSI in Wisconsin as a condition of CTS eligibility.

- **Citizens and Aliens**

Any person who is not a U.S. citizen must meet one of the following criteria in order to be potentially eligible for CTS:

1. Be lawfully admitted to the U.S. for permanent residence
2. Be lawfully present in the U.S. pursuant to 8 USC 1153, 1157, 1158, 1160 and 1182
3. Be granted lawful temporary resident status under 8 USC 1161 or 1255a and be:
 - a. A Cuban or Haitian applicant [PL 96-422, 501(e), (1) or (2) (A) effective 4/1/83], or
 - b. Not a Cuban or Haitian applicant, but adjusted to lawful temporary resident status more than 5 years before the CTS application date
4. Be otherwise permanently residing the U.S. under the color of law (PRUCOL), with evidence of approved PRUCOL status

Lawfully admitted aliens who are not eligible for CTS because they are here temporarily include tourists, visitors, students and diplomats.

- **Wisconsin Residency**

Recipients of CTS, both parents and children, must currently reside in Wisconsin and intend to remain in Wisconsin.

- **Living Arrangement**

Recipients of CTS, both parents and children, must reside in a qualified living arrangement. The following are CTS qualified arrangements:

1. Independent home, apartment or mobile home

2. Shelter for battered woman/domestic abuse
3. Homeless
4. Hospital, short term
5. Section 202/236 housing

- **Temporary Absence**

Unlike some other programs of public assistance, CTS does not allow eligibility in cases where parents or children are temporarily absent from the home.

- **Household Relationship**

Household relationships are a key component of CTS eligibility. SSI parents must be caring for their own children, by birth or adoption, in order to qualify for CTS. This means that the parent resides with the child and provides the majority of physical care and financial support and functions in the parental role. When two SSI parents live with their children in common, only one of these parents may be identified as the parent who is caring for their children. When a SSI recipient is a minor parent who resides with his or her child and there are adults in the household, the minor parent must be the person caring for the child, not the adults in the household.

- **Joint Custody Arrangements**

When custody of a child is shared between parents, the parent with whom the child resides the majority of the time is identified as caring for the child for CTS purposes.

- **18-Year-Old Students**

State statute defines CTS eligible children as minors or dependent 18-year-olds. Dependent 18-year-olds are young adults who reside with at least one parent and who have not yet reached their 19th birthday. Furthermore, dependent 18-year-olds must be enrolled in school and expected to graduate prior to attaining age 19. It is very important that both SSI parents and local agency workers anticipate the change in status when CTS-eligible children attain the age of 18 years, in order to prevent unnecessary CTS payment termination. When dependent 18-year-olds are home-schooled, the parent must provide written documentation of expected graduation date from the home-schooling association or agency. It is irrelevant to CTS eligibility whether minor children

are enrolled in school.

- **SSN Requirement**

Each member of any CTS household must provide his or her Social Security Number (SSN) as a condition of eligibility. When an infant is added to the household, either by birth or adoption, the SSN of the infant must be provided to the local agency prior to the date the infant reaches 6 months of age.

- **Cooperation with Child Support Agency**

Whenever a potentially eligible child in a CTS household has an absent parent, the parent that is caring for the child must cooperate with the conditions of the local child support agency. If the parent does not cooperate or discontinues cooperation, CTS application or eligibility will be ended. When a CTS eligible parent has children who have different absent parents, the CTS-eligible parent must cooperate with the child support agency in regard to each child's absent parent.

- **Prohibition Against Concurrent Eligibility with W-2 or Kinship Care**

CTS benefits may not be paid to a SSI parent for the same month for which the parent participated in W-2 and received W-2 cash benefits. Receipt of W-2 benefits is defined as the month in which the parent is participating in, and eligible for, W-2 services, regardless of when the parent will receive the payment for that month. Similarly, CTS benefits may not be paid to a SSI parent for a month in which a grandparent or other non-legally responsible relative received Kinship Care benefits for caring for a potential CTS eligible child.

- **Verification**

CTS applicants and recipients must provide verification of required information in order for a local agency to process an application or review of eligibility for CTS. The verification requirement applies to both non-financial and financial information. Failure to provide required verification will result in termination of CTS benefits. The following information **must** be satisfactorily verified when CTS eligibility is being determined:

- Social Security Number

- Citizenship or Alien Status
- School Enrollment for 18-year-olds
- Income Earned from Employer
- Income Earned from Self Employment
- Unearned Income (i.e., Social Security)
- Child Support (Received or Paid)
- Pregnancy of Minor Child
- Property (land, stocks, etc., transferred in past 36 months)

See Appendix D, Forms and Publications, *What To Bring With You*, (Publication DWSW-2372) for suggested ways to give proof for verification purposes.

Financial Eligibility

After determining non-financial eligibility for CTS, the financial situation of the household is considered. When determining initial or ongoing financial eligibility for CTS, both income and assets are counted. **Income and assets of any members of the assistance group who receive SSI are disregarded.**

- **Income**

Income of adults and children is counted prospectively when determining eligibility for CTS. Both earned income from work and unearned income, such as Social Security benefits, are counted.

Some income is not received regularly; it is paid in a lump sum amount. Examples are refunds and back pay awards from Social Security, unemployment compensation insurance or child support, union settlements and compensatory time pay-outs or windfall payments like lottery winnings, personal injury awards or inheritances. Lump sum payments are counted as either earned or unearned income in the month they are received. When the dollar amount of the lump sum makes the group ineligible for CTS, ineligibility may continue beyond the month the lump sum was received. The number of total months of ineligibility is calculated by dividing the group's income by the Assistance Standard for the group size (Appendix B).

If court-ordered child support income is paid to any CTS assistance group member, the first \$50.00 of the

child support is disregarded each month. If child support payments are made to a CTS group by more than one absent parent, only \$50.00 of the total support may be disregarded. Child support payments are considered income to the child for whom they are paid, not the SSI parent.

At times, a person's assets and income are counted in the CTS eligibility calculation, even though s/he is not considered part of the CTS assistance group. This process is called *deeming*. An example of deeming occurs when the income of a sponsor is counted when determining the CTS eligibility of a legally admitted alien.

Each group applying for CTS must pass two income tests.

The Gross Income Test compares the gross income to the gross income limit (Appendix B). This test looks at gross deemed, earned and unearned income, including that of minors. Any CTS assistance group that passes this test may proceed to the final income test, the Net Income Test.

The Net Income Test compares the income that remains after certain deductions to the Net Income Limit, or Assistance Standard (Appendix B). Deductions from gross income that are allowed in this test include:

1. \$90 work related expense for each employed/self employed individual
2. Dependent care deduction of \$200 per month for each child under the age of 2 and \$175 per month for each incapacitated adult and each child age 2 or older
3. Disregard of \$30 or \$30 and 1/3 of earned income (when applicable)
4. Child support paid to someone outside of the assistance group
5. \$50 Child Support Deficit Reduction Act (DEFRA) disregard per assistance group

The Net Income Test includes the income of all minors, regardless of their school status or number of

hours of employment, at *application* for CTS. For employed minors who have received CTS in one of the previous four months, use the following to determine how to count earned income:

1. Do not count the employment income of full time students, regardless of the number of hours worked per week.
2. Do not count the employment income of part-time students working less than 30 hours per month.
3. Count the employment income, but apply \$90 and \$30 and 1/3 disregards, of any part-time student working 30 hours or more per month.
4. Count the employment income, but apply \$90 and \$30 and 1/3 disregards, of any minor that is not in school.

- **Assets**

With the exception of SSI recipients, the assets of all members of the CTS single assistance group are counted when determining asset eligibility for CTS. The combined assets owned by the assistance group are totaled and counted toward a \$1,000 asset limit. Liquid assets include, but are not limited to, cash and savings, cash value of life insurance policies, U.S. Savings Bonds, proceeds from a loan (if available for living expenses), equity value of any non-home real property. Some exclusions apply:

1. One irrevocable funeral trust per group member and one burial plot per group member are disregarded.
2. Student loans are disregarded.
3. Irrevocable trusts are exempt assets.
4. Earned Income Tax Credits (EITC) are disregarded in the month of receipt and the following month.
5. The first \$1,500 equity value of one vehicle is disregarded.

Sometimes assets are owned by more than one person. When this occurs, CTS policy requires that each person be assigned an equal share of ownership.

- **Divestment**

Divestment is the change of legal title or other right of ownership to non-exempt real or personal property, within 2 years of the date of application for CTS, for less than fair market value (minus the cost of the transaction). Divestment may make the group ineligible for CTS for a period of time. Divestment does not occur when property is divided in a divorce action, reposessed, lost due to foreclosure, or when an inheritance is disclaimed.

Anyone who divests within 2 years before the date of application or within 2 years of the date of a CTS eligibility review is presumed to have divested to receive CTS. The person who divests and anyone for whom s/he is legally responsible and for whom CTS is requested are ineligible for CTS.

If the amount divested by a CTS group, plus their other assets, total less than \$1,000, the divestment is not a barrier to eligibility for CTS.

If the amount divested by a CTS group, plus their other assets, total more than \$1,000, the divestment is a barrier to eligibility for CTS until 2 years have passed or the group has *expended* an amount equal to the divestment. Calculating this expenditure involves comparing the divested amount to the group's incurred medical expenses, plus the Assistance Standard (Appendix B) for the family size. Once the group expends enough, the divestment is *cured*.

Exceptional Eligibility

- **Non-Marital Co-Parents**

In a decision dated and released on September 30, 1996, the U.S. Court of Appeals, District IV, ruled in the case of *Buening v. Wisconsin Department of Health and Social Services* that special consideration must occur when the income of non-marital co-parents is calculated in AFDC and AFDC Medicaid eligibility determinations. For the sake of simplicity, cases to which this court decision applies are referred to as *Buening cases*. Since CTS eligibility is based on criteria that applied to AFDC eligibility prior to the elimination of AFDC by the federal government in 1997, the Buening decision applies to CTS.

Buening cases occur in two-parent households in which the parents have a child in common and the income of the non-SSI eligible parent and the child in common causes any child(ren) of the SSI parent to be financially ineligible for CTS. See Illustration 2, Scenario 12 for a visual depiction of a Buening case configuration.

The ruling states that any half-siblings and their associated parent are to be excluded from the SFU if it is determined that the half-sibling, his/ her full siblings and his/her parent are not *needy*. To meet the definition of needy, three conditions must be true:

1. The child of the non-SSI parent is deprived and
2. The income and assets for the non-SSI parent and child(ren) are below the AFDC eligibility limits and
3. The child is under the care of a qualified relative

A child is considered deprived when a parent is continuously absent from the home.

If all three conditions are true, the child(ren) in common is considered needy. The whole group is considered one SFU and remains together.

If at least one of the three criteria is not met, the child(ren) in common are not considered needy. The child(ren) in common and their non-SSI parent must be excluded from the CTS SFU and financial testing to allow the SSI parent's child(ren) to be tested for CTS alone.

Section IV - Administrative Policy and Procedure

Benefit Issuance

- **Electronic Eligibility Interface**

Once CTS eligibility is determined by a local agency worker using the CARES system, the names, payment months and SSNs of CTS eligible parents and children are transmitted by the CARES system to the DHFS SSI program. Data processing for the SSI program is performed by a firm under contract to DHFS. The current provider is EDS, a firm that also manages the data for eligibility and provider certification for Wisconsin's Medicaid program.

The transmission of CTS eligibility data from CARES to the SSI program is referred to as an *interface*. Data is interfaced twice per month from CARES to the SSI program. The initial interface occurs immediately after CARES processes eligibility for all programs of assistance for the following month (CARES adverse action date). A second interface occurs on the last date possible in order to have CTS benefits included in the first of the month SSI payment received by the SSI eligible parent (CARES benefit issuance pull-down date).

Although the CTS data interface occurs twice per month, local agency workers can determine and confirm CTS eligibility on any day of the month. The CARES system holds the information on file until the next scheduled interface date. An example of a typical monthly interface schedule may be seen in Illustration 3, CTS Interface Timeline.

CTS payments are made on the first of the month for that month. When a local agency worker confirms eligibility for CTS for the following month prior to the second monthly interface date, the CTS payment will appear on the SSI parent's SSI payment on the first of the next month. However, if a local agency worker confirms eligibility for any month after the second interface date, the CTS benefits will remain on file in the CARES system, awaiting the first interface in the following month.

- **Manual Benefits**

With two exceptions, the SSI program will always accept the interfaced information and add any CTS benefits to a SSI recipient's payment. These two exceptions are:

1. When there is no record of the parent's eligibility for SSI in Wisconsin at the State SSI Program.
2. When the CTS parent's state SSI payment has been suspended due to lack of current address or when the representative payee for the SSI payment is changing.

When the first exception occurs, the SSI program will contact the local agency worker regarding the discrepancy. These instances should be very rare, since the local agency worker has several tools available to verify SSI eligibility in Wisconsin and the CARES system regularly receives automatic updates of SSI eligibility information. When the second exception occurs, the payment will remain on file and will be dispersed to the parent when the suspension is cleared.

Due to a limited set of circumstances, an electronic interface of CTS eligibility and payment information is not possible. One such situation arises when, after benefits have been interfaced for a given month, the parent is found to be eligible for payment for an additional child; usually this child is a newborn or has returned to the home from another living arrangement, typically foster care. Another instance occurs when a SSI parent who has been receiving CTS is found to be eligible for SSI for a previous time period. CTS benefits for this previous time period must be manually authorized by the local agency worker.

When manual benefit authorization is required, local agency workers complete and fax DDES form 2564 (See Appendix D, Forms and Publications) to the SSI program. The SSI program insures that the benefit is included with the SSI parent's next scheduled SSI payment.

Detailed instructions are available to guide local

agency workers in identifying situations where manual authorization for CTS benefits is required. See Appendix D, Forms and Publications, *CTS : Running With Dates Desk Aid*, for more information.

Backdating Eligibility

In limited circumstances, local agency workers may use CARES to determine eligibility and electronically interface CTS benefits for previous time periods.

The most common instance of backdating occurs when, even after a grace month, the parent has not complied with review requirements and the CTS assistance in a CARES case has closed. The worker may reopen the CTS assistance in this case if the parent requests CTS and complies with requirements within the first month the CTS assistance is closed in CARES.

Another common instance of backdating occurs when a parent with an open CARES case is unexpectedly awarded SSI eligibility to a month earlier than the present month. In this case, the local agency worker may adjust dates in CARES to allow the initial CTS eligibility begin with the first month of SSI eligibility (assuming all CTS criteria were also met by the assistance group). However, backdating to the SSI start date is allowed only when the assistance group has been an open assistance case in CARES for the entire period of backdating. In this case the month of “application for assistance” is considered to be the application date of the most recent continuously open case in CARES.

Under not circumstances may CTS benefits be paid for a month during which the assistance group was not an open case in the CARES system.

Recoupment of Incorrect Benefits

Occasionally CTS benefits are overpaid. This most often occurs when, in retrospect, it is determined that a SSI parent was ineligible for CTS because his or her child(ren) was out of the home, the child received SSI for the month in question, the parent’s SSI eligibility was retroactively denied by the Social Security Administration, or the parent provided fraudulent information that lead to CTS eligibility.

Since CTS benefits are paid as part of the parent's SSI benefit payment, the SSI program must be the entity that recoups overpaid benefits. The CARES system is not used to track benefit recovery. However, the local agency worker must determine when an overpayment has occurred and complete and fax DDES form 2565, Authorization for Recoupment of Caretaker Supplement (CTS) to the SSI program.

The SSI program will establish a recoupment account on the parent's SSI file and send notice of the overpayment to the SSI parent. This notice will include the following information:

1. Amount by month overpaid
2. Recoupment schedule
3. Appeal rights and procedures

State statute permits the SSI program to collect 10 percent of each future SSI payment (which may include CTS benefits) until an overpayment is repaid. SSI parents may repay the entire amount owed in a single payment, or negotiate with the SSI program for a payment schedule that is higher than 10 percent per month.

See Appendix 1, State Statutes and Codes, HFS 79 for exact statutory language enabling DHFS to recoup CTS and SSI overpayments.

Voluntary repayments of CTS overpayments may be addressed to DHFS, State SSI Program, P.O. Box 6680, Madison, WI 53716-0680.

Eligibility Review

Eligibility for CTS must be reviewed and reconfirmed every six months. The local agency worker is responsible for this process. The CARES system will automatically identify when a CTS case needs review and will trigger notice of the impending review for the worker and SSI parent. Reviews may be face-to-face, by phone or by mail and the signature of the SSI parent on any review documents does not need to be witnessed. Every SSI parent is granted one *grace* month of eligibility before a CTS case will close due to lack of an eligibility review.

Notices

Any SSI parent who applies for CTS must be notified about the status of his or her application (approved, denied, or pending the receipt of additional information), in writing, within 30 days of application for benefits. Ten days notice must be given to SSI parents when any action or event occurs that will adversely affect their ongoing CTS benefits. These notices must cite applicable statute, include reason for any adverse action and state the benefit month and amount granted. Notices must also identify the responsible local agency worker, provide contact information, and identify appeal rights and mechanisms.

Generally, the CARES system will electronically produce and mail notices appropriate to each activity, i.e., eligibility, review, verification required, change in benefits. Workers can view these system-generated notices by logging into the CARES system. However, when a worker has undertaken a manual eligibility determination or made a case change for CTS, notices must be created manually, also. Manual notices must contain all of the elements required included in CARES system-generated notices.

Rights and Responsibilities

CTS applicants and recipients are afforded specific rights and assigned specific responsibilities. These numerous right and responsibilities are made known to applicants and recipients at the time of application, review, adverse action and notice of overpayment. They are enumerated on the CTS application form, DDE-2571.

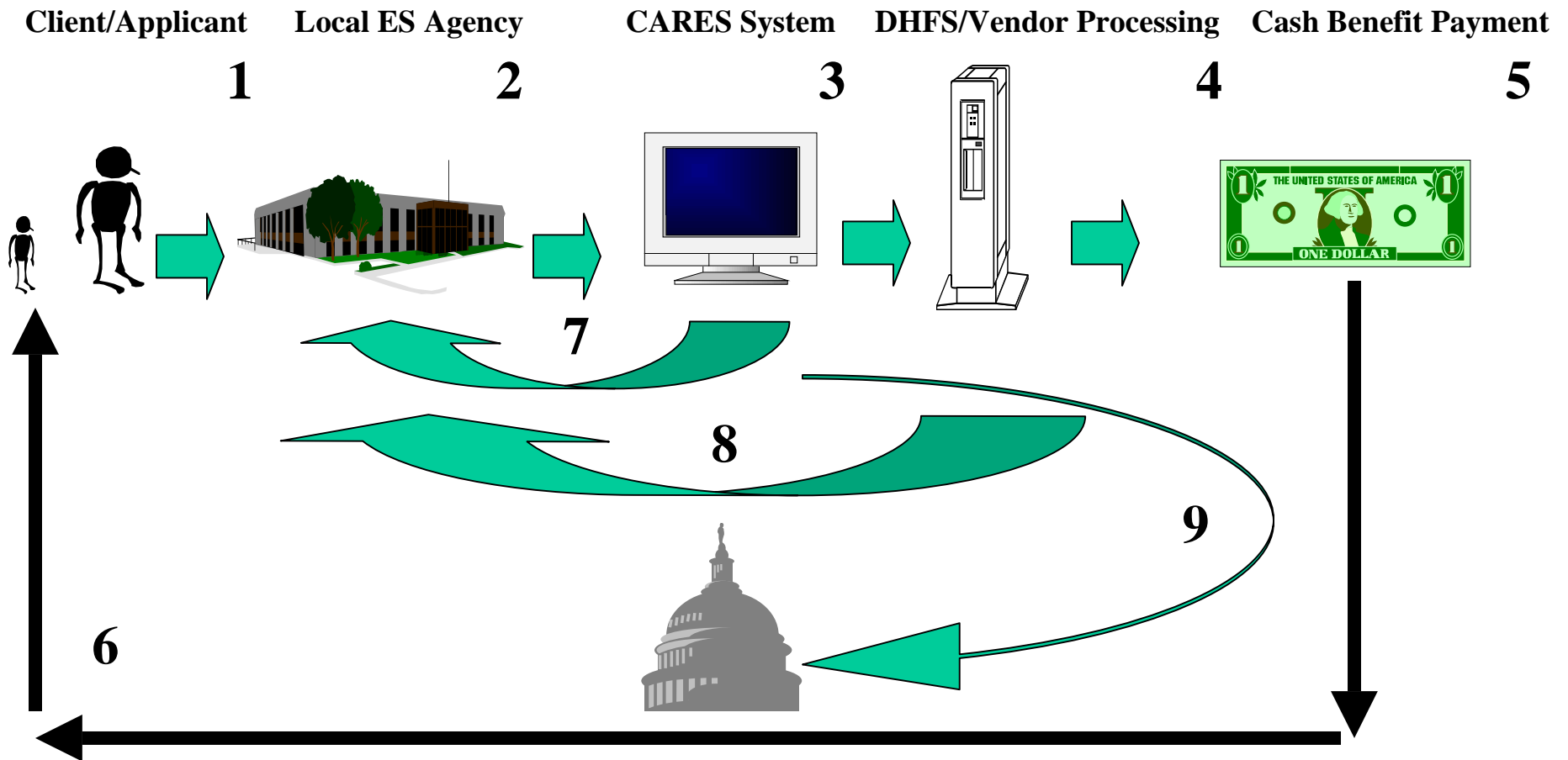
Fair Hearing

CTS applicants who are denied CTS eligibility and ongoing CTS recipients who are given notice of adverse action (benefit reduction, termination or overpayment and recoupment) have a right to a fair hearing regarding the agency action. The right to a fair hearing and hearing procedures are specified in ss. Ch. 227, Administrative Procedure and Review. This lengthy statutory language may be referenced at <http://www.legis.state.wi.us/./rsb/stats.html>.

Requests for hearing are addressed to the Department

of Administration, Division of Hearings and Appeals, P.O. Box 7875, Madison, Wisconsin 53707-7875. The Division of Hearings and Appeals (DHA) will arrange for a hearing examiner to hear the appeal at the local agency office or by phone. Notice of the place and time for the hearing and the hearing decision will be sent to the SSI parent, his or her representative, the local agency, and the SSI program. In some instances the DHA will order continuation of CTS benefits pending the outcome of a hearing. When this occurs, the local agency worker is responsible for assuring that benefits continue. When benefits have continued and the decision of the hearing examiner is not in the SSI parent's favor, the parent is responsible for repaying any benefits for which he or she was not entitled.

CTS Administration and Partnerships



1. and 2. Needy client applies at local ES agency. 3. Local agency worker uses CARES system to determine eligibility and transmit data to DHFS/vendor for processing. 4. DHFS/vendor processes SSI benefits that include CTS dollars. 5. Paper SSI/CTS checks or electronic payments are produced. 6. Benefits are distributed to needy clients. 7. CARES system provides history of eligibility and client notices to local ES agency. 8. DHFS/vendor provides CTS payment history to local agencies via electronic systems. 9. CARES system and DHFS/vendor provide data for federal reporting to ACF via DWD.

Illustration 1

CTS Case Scenarios

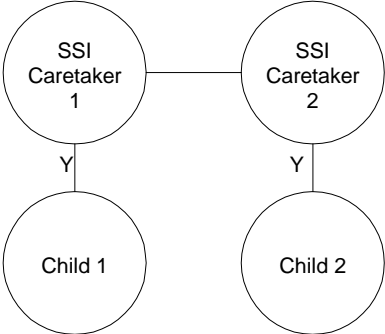
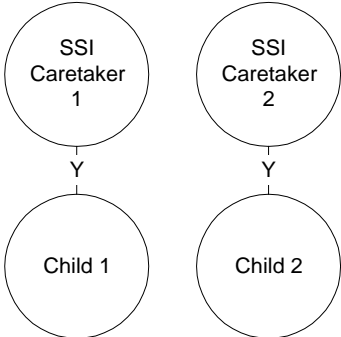
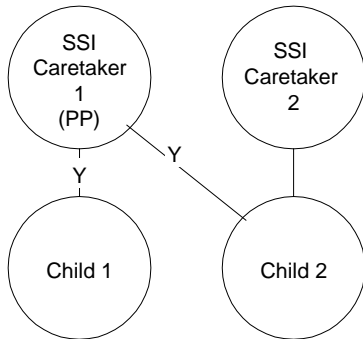
 <pre>graph TD; C1((SSI Caretaker 1)) --- C2((SSI Caretaker 2)); C1 --- Y1(Y) --- Ch1((Child 1)); C2 --- Y2(Y) --- Ch2((Child 2));</pre>	<p>Scenario 1 Mom and Dad are married but do not have any children in common.</p> <p>Explanation Without a child in common, CARES cannot create a “link” to pull Child 1 and Child 2 into the same SFU. Because the parents are married, CARES can process this situation in one case.</p> <p>CARES Processing CARES will create two CTS AGs in one case.</p> <p>CTS Benefits There will be two CTS supplements in the amount of \$250 each.</p>
 <pre>graph TD; C1((SSI Caretaker 1)); C2((SSI Caretaker 2)); C1 --- Y1(Y) --- Ch1((Child 1)); C2 --- Y2(Y) --- Ch2((Child 2));</pre>	<p>Scenario 2 Two SSI caretakers are living together in one household. They are not married and do not have any children in common.</p> <p>Explanation Without a child in common, CARES cannot create a “link” to pull Child 1 and Child 2 into the same SFU. Because the parents are not married, CARES cannot process this situation in one case.</p> <p>CARES Processing This household must be processed in two cases.</p> <p>CTS Benefits There will be two CTS supplements in the amount of \$250 each.</p>

Illustration 2, Scenarios 1 and 2

Scenario 3

The parents in this household are not married. They have at least one child in common. One of the parents has his/her own child(ren).



Explanation

The oldest child in common is the target child. The child in common provides a link for his/her siblings to be pulled in to the SFU.

CARES Processing

Parents should be coded on ANHR as caring for all of their children. Because Caretaker 1 is the parent for both Child 1 and Child 2, that parent is coded as caring for both children on ANHR.

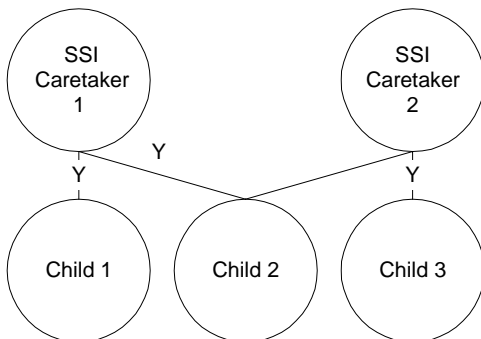
This will produce one AG in CARES.

CTS Benefits

The CTS supplement will be \$400, paid to Caretaker 1.

Scenario 4

The parents in this household are not married. They have at least one child in common and each has his/her own child(ren).



Explanation

The child in common provides a link to his/her siblings to be pulled in to the SFU.

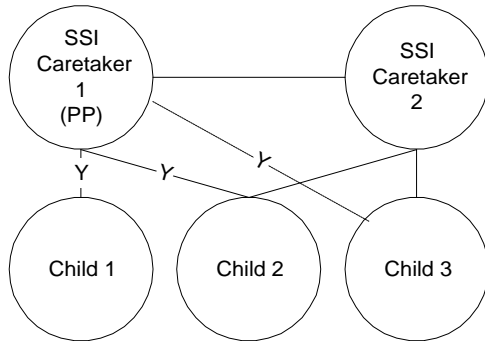
CARES Processing

Because everyone is pulled into one SFU, this scenario will be processed in one AG. Because Caretaker 1 has no qualifying relationship to care for Child 3, Child 3 cannot be included in his/her CTS supplemental payment.

CTS Benefits

A CTS Supplement will be added to each parent's state SSI payment. Caretaker 1 will receive a \$400 payment; Caretaker 2 will receive a \$250 supplement.

Illustration 2, Scenarios 3 and 4



Scenario 5

Mom and Dad are married. They have at least one child in common and each has his/her own child(ren).

Explanation

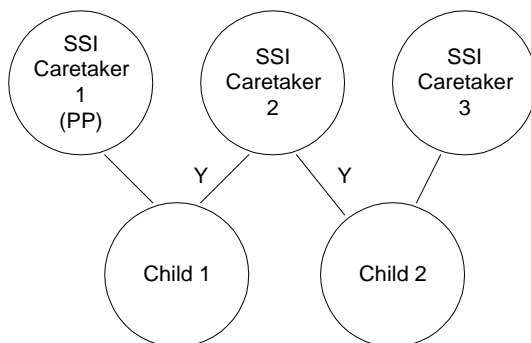
The child in common provides a link to his/her siblings to be pulled in to the SFU.

CARES Processing

Because everyone is pulled into one SFU, this scenario will be processed in one AG. Because Mom and Dad are married, Caretaker 1 can be coded as caring for Child 3 (a relationship exists).

CTS Benefits

There will be one CTS supplement added to Caretaker 1's state SSI payment in the amount of \$550.



Scenario 6

There are more than 2 parents in the household, all of which have children, and more than one in common with another parent.

Explanation

In this scenario, the target child will be the oldest child in common and will pull in all of his/her siblings. Pulling in those siblings will also pull in their parents.

CARES Processing

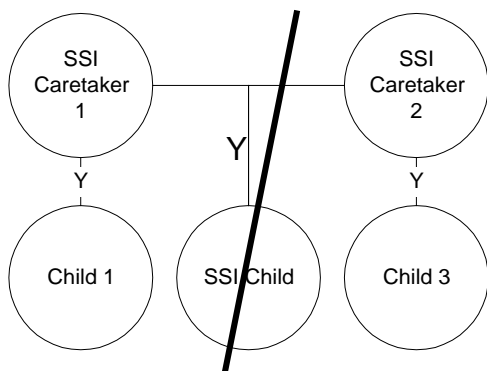
This particular scenario will be one SFU and one AG (everyone is pulled into the group.)

In this scenario, it is important to analyze which parent has the most children in the household; who is the primary caretaker of the majority of the children. That parent (in this diagram, Caretaker 2) should be coded as caring for all of his/her children on ANHR.

CTS Benefits

This case will be paid one CTS supplement to Caretaker 2 in the amount of \$400.

Illustration 2. Scenarios 5 and 6



Scenario 7

Mom and Dad are married. They have a child in common and a child(ren) of their own. The only child in common is an SSI recipient.

Explanation

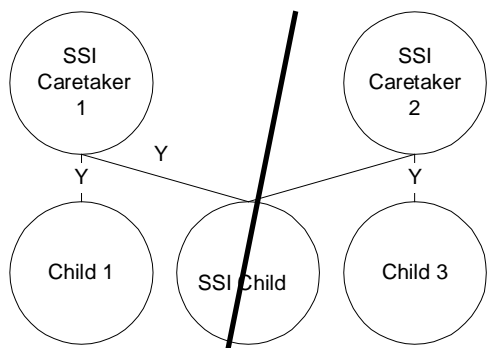
The SSI child breaks the link between Child 1 and Child 3. No relationship exists between Child 1 and Child 3 (they are not full or half siblings) to pull the children into one SFU.

CARES Processing

Because the parents are married, this scenario can be processed in one case, 2 AGs.

CTS Benefits

This case will receive two CTS payments of \$250 each.



Scenario 8

Mom and Dad are not married. They have a child in common and a child(ren) of their own. The only child in common is an SSI recipient.

Explanation

The SSI child breaks the link between Child 1 and Child 3. No relationship exists between Child 1 and Child 3 (they are not full or half siblings) to pull the children into one SFU.

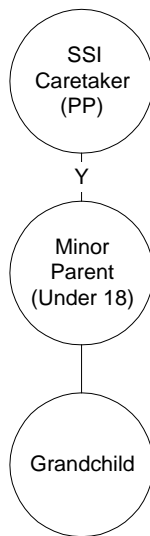
CARES Processing

Because the parents are not married, this scenario cannot be processed in one case. It must be processed in two separate cases.

CTS Benefits

Each case will receive one CTS payment of \$250.

Illustration 2, Scenarios 7 and 8



Scenario 9

Three-generation case. Grandma is receiving SSI; the minor parent is not. Grandma is requesting CTS.

Explanation

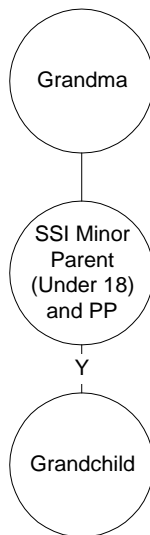
The minor parent is the target child, the grandchild is not pulled into the SFU.

CARES Processing

Grandma should be coded as caring for the minor parent. Even if she's coded as caring for the grandchild, the grandchild will not be pulled into the CTS SFU. Grandma cannot receive CTS for her grandchild.

CTS Benefits

The CTS benefit will be added to Grandma's SSI state check in the amount of \$250.



Scenario 10

Three-generation case. Grandma is not receiving SSI; the minor parent is. The minor parent is requesting CTS.

Explanation

The grandchild is the target child. The minor parent and grandchild will comprise the SFU.

CARES Processing

The minor parent must be coded as caring for the grandchild.

CTS Benefits

The CTS benefit will be added to the minor parent's SSI state check in the amount of \$250.

Illustration 2, Scenarios 9 and 10

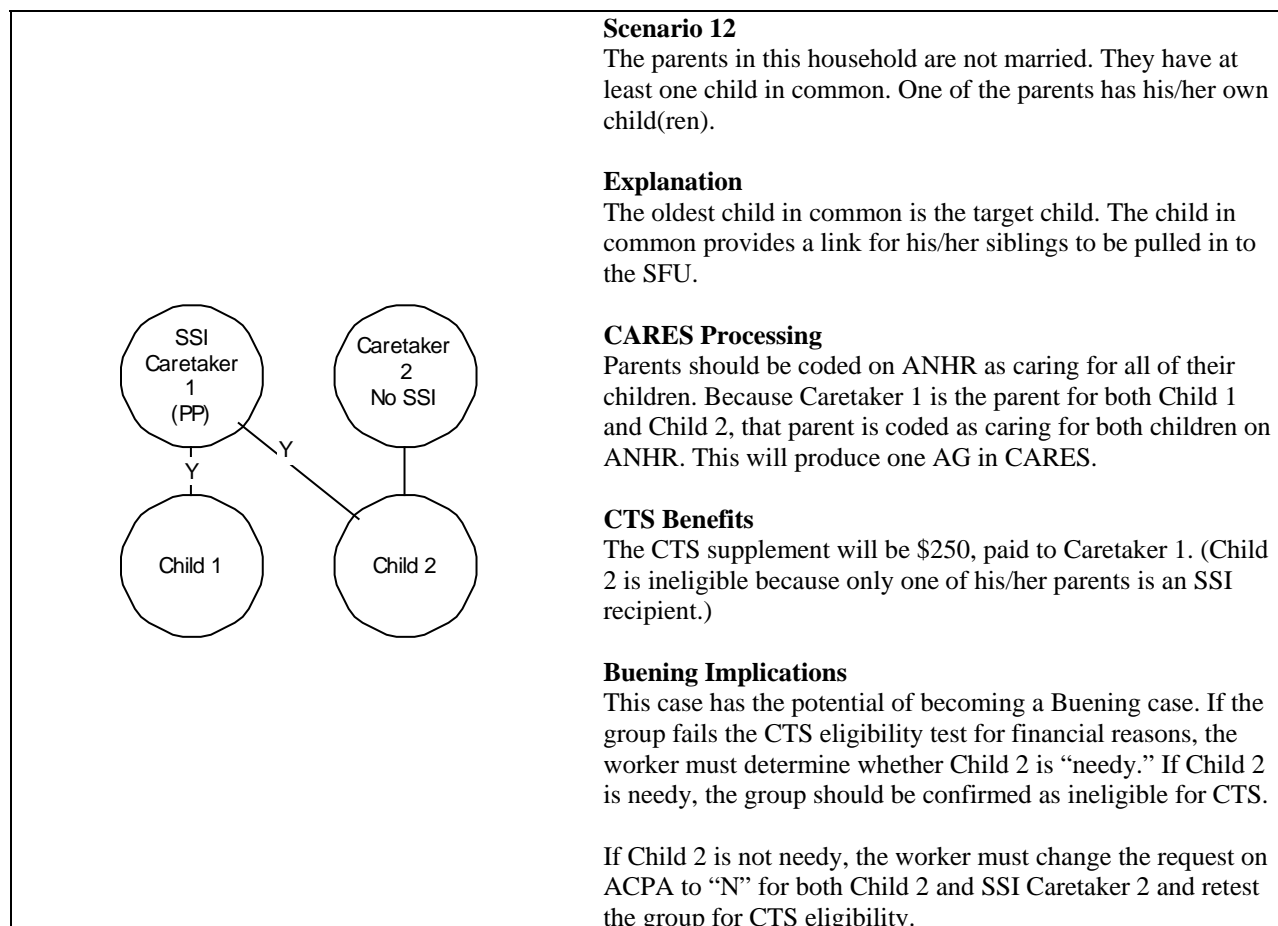
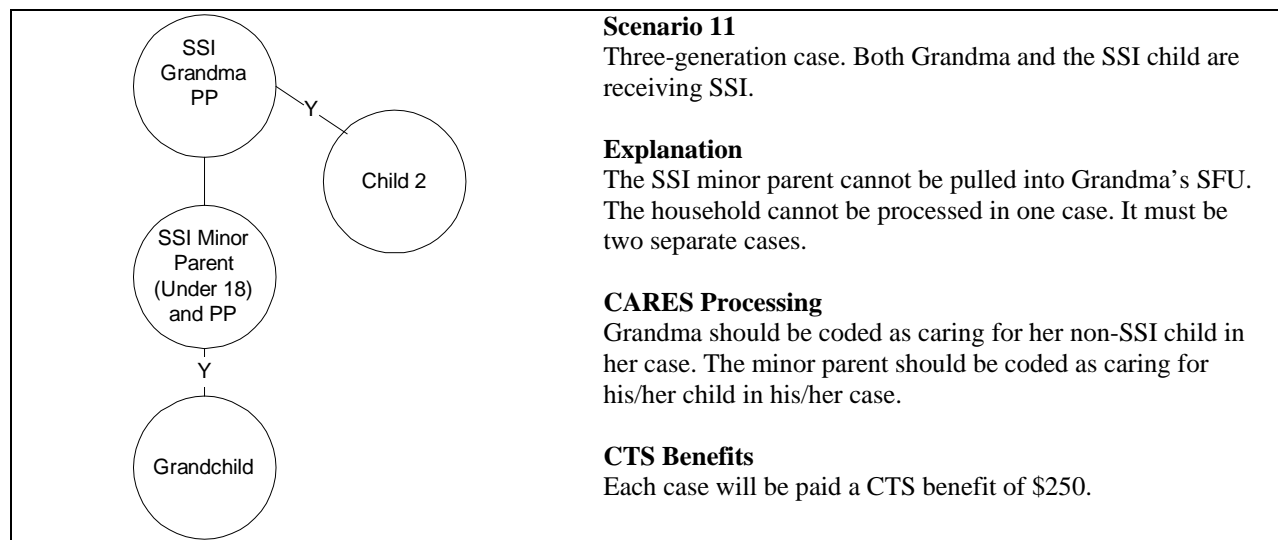
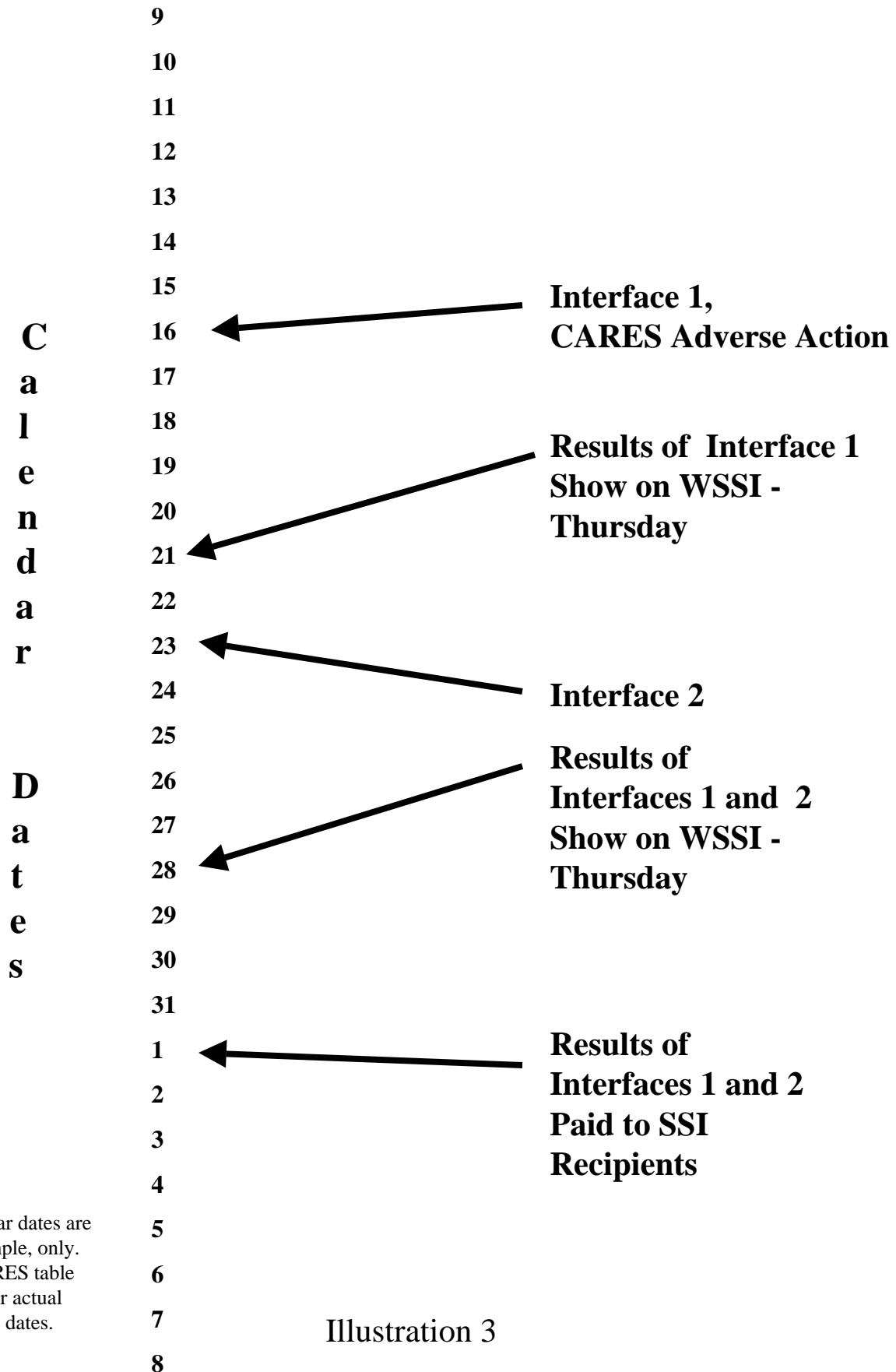


Illustration 2, Scenarios 11 and 12

CTS Interface Timeline*



*Calendar dates are for example, only. See CARES table TCTS for actual interface dates.

Illustration 3

Chapter 49, Wisconsin Statutes

Selected Citations

49.77 State supplemental payments. (1) Definition. In this section "secretary" means the secretary of the U.S. department of health and human services or the secretary of any other federal agency subsequently charged with the administration of federal Title XVI.

(2) Eligibility.

(a) The following persons who meet the resource limitations and the nonfinancial eligibility requirements of the federal supplemental security income program under 42 USC 1381 to 1383d are entitled to receive supplemental payments under this section:

1. Any needy person or couple residing in this state who, as of December 31, 1973, was receiving benefits under s. 49.18, 1971 stats., s. 49.20, 1971 stats., or s. 49.61, 1971 stats., as affected by chapter 90, laws of 1973.

2. Any needy person or couple residing in this state and receiving benefits under federal Title XVI.

3. Any needy person or couple residing in this state whose income, after deducting income excludable under federal Title XVI, is less than the combined benefit level available under federal Title XVI and this section, if at least one of the following requirements are met:

a. The person or couple was eligible for a state supplement under this section based on the last federal eligibility determination prior to January 1, 1996, but was not eligible to receive a payment under federal Title XVI on that date.

4. Any essential person.

(2m) Supplemental payment levels. The department may submit a proposal to change the amount of supplemental payments under this section to the secretary of administration. If the secretary of administration approves the proposal, he or she shall submit it to the joint committee on finance for approval, modification or disapproval. Joint committee on finance approval of a change in the amount of supplemental payments will be considered to be given, if within 14 calendar days after the secretary of administration files a proposal with the joint committee on finance, the committee has not scheduled a public hearing or executive session to review the proposal. Payment changes approved by the joint committee on finance are subject to the approval of the governor. Following action by the joint committee on finance, the governor shall have 10 days, not including Sundays, to communicate approval or disapproval in writing. If no action is taken by the governor within that time, the decision of the joint committee on finance shall take effect. The procedures under [s. 13.10](#) do not apply to this subsection.

(3) Minimum supplemental payment in certain cases. The total monthly benefits received under this section and federal Title XVI by a person or couple described in [sub. \(2\) \(a\) 1.](#) shall not be less than the total state cash assistance payment amount plus gross earned and unearned income, received by such person or couple for December of 1973.

(3g) Federal payments. If federal supplemental security income payments increase, the department may, with approval as provided under [sub. \(2m\)](#), reduce payments under this section by all or part of the amount of the increase, subject to 42 USC 1382g.

(3s) Increased supplemental payment in certain cases. (a) The department shall authorize the payment of an increased state supplement to a person receiving payments under this section who resides in a residential setting if the person needs at least 40 hours per month of supportive home care, daily living skills training or community support services.

(b) 1. If a person receiving payments under this section is a minor child residing with a parent, only services needed when the parent is away from the residence for purposes of employment count toward the 40-hour requirement in par. (a).

2. If a person receiving payments under this section resides with a spouse, only services needed either because the spouse is away from the residence for purposes of employment or because the spouse is physically or mentally unable to provide the care count toward the 40-hour requirement in par. (a).

(c) The department shall establish a uniform assessment process for determining eligibility under this subsection.

(d) The amount payable under this subsection equals the amount of the state supplement under sub. (2) (a) paid to persons living in nonmedical group homes.

(4) Optional federal administration. (a) The department may enter into an agreement with the secretary under which the secretary will provide supplemental payments to all eligible persons on behalf of the state or any of its subdivisions. Under the agreement the department shall pay to the secretary an amount specified in accordance with agreed procedures. The department may make advance payments to the secretary if the agreement so provides.

(b) The department may enter into an agreement with the secretary under which the secretary may determine eligibility for medical assistance in the case of aged, blind or disabled individuals under the state plan approved under Title XIX of the social security act.

(c) Agreements made under this subsection or modifications to such agreements require prior approval or amendment by the joint committee on finance. Prior approval will be deemed to be given if within 21 calendar days following the department filing a proposed modification with the joint committee on finance, the committee has not scheduled a public hearing or executive session to review the proposed modification. Agreements or modifications to such agreements approved by the joint committee on finance shall be subject to the approval of the governor. Following action by the joint committee on finance, the governor shall have 10 days, not including Sundays, to communicate approval or disapproval in writing. If no action is taken by the governor within that time, the decision of the joint committee on finance shall take effect. The procedures under [s. 13.10](#) do not apply to this paragraph.

(5) Income determination. In determining the amount of aid to be granted a person applying for supplemental payments under this section, income shall be disregarded to the extent allowed by federal regulations.

History: 1973 c. 90, 147; 1975 c. 39, 199, 224; 1977 c. 29; 1979 c. 34; 1981 c. 20; 1981 c. 314 s. 144; 1983 a. 27; 1985 a. 29, 120, 176; 1987 a. 27; 1987 a. 403 s. 256; 1989 a. 31, 56; 1993 a. 16; 1995 a. 27 ss. 2844 to 2849.3151; Stats. 1995 s. 49.77.

Cross Reference: See also ch HFS 79, Wis. adm. code.

49.775 Payments for the support of children of supplemental security income recipients.

(1) Definitions. In this section:

- (a) "Custodial parent" has the meaning given in s. 49.141 (1) (b).
- (b) "Dependent child" has the meaning given in s. 49.141 (1) (c).

(2) Supplemental payments. Subject to sub. (3), the department shall make a monthly payment in the amount specified in sub. (4) to a custodial parent for the support of each dependent child of the custodial parent if all of the following conditions are met:

(a) The custodial parent is a recipient of supplemental security income under 42 USC 1381 to 1383c or of state supplemental payments under s. 49.77, or both.

(b) If the dependent child has 2 custodial parents, each custodial parent receives supplemental security income under 42 USC 1381 to 1383c or state supplemental payments under s. 49.77, or both.

(bm) The custodial parent assigns to the state any right of the custodial parent or of the dependent child to support from any other person. No amount of support that begins to accrue after the individual ceases to receive payments under this section may be considered assigned to the state. Any money received by the department of workforce development under an assignment to the state under this paragraph shall be paid to the custodial parent.

(c) The dependent child of the custodian parent meets the eligibility criteria under the aid to families with dependent children program under s. 49.19 (1) to (19) or would meet the eligibility criteria under s. 49.19 but for the application of s. 49.19 (20).

(d) The dependent child does not receive supplemental security income under 42 USC 1381 to 1383d.

(e) The custodial parent meets any of the following conditions:

1. The custodial parent is ineligible for aid under s. 49.19 solely because he or she receives supplemental security income under 42 USC 1381 to 1383c or state supplemental payments

under s. 49.77.

2. The custodial parent is ineligible for a Wisconsin works employment position, as defined under s. 49.141 (1) (r), solely because of the application of s. 49.145 (2) (i).

(3) Two-parent families. In the case of a dependent child who has 2 custodial parents, the department may not make more than one payment under sub. (2) per month for the support of that dependent child.

(4) Payment amount. (a) The payment under sub. (2) is \$250 per month for one dependent child and \$150 per month for each additional dependent child.

History: 1997 a.27; 1999 a.9.

Chapter HFS 79

State Supplemental Security Income Payments

HFS 79.10 Authority and purpose. This chapter is promulgated under the authority of ss. 227.11 (2) (a), Stats., to administer supplemental security income state supplemental payments to low-income elderly and disabled residents of Wisconsin and their dependent children. This chapter establishes the basis for the recovery of benefits incorrectly paid to individuals who receive benefits under s. 49.77 or 49.775, Stats., or both, provides for the department's waiver of recovery of incorrectly paid benefits and establishes the appeal right of an individual from whom the department seeks to recover benefits incorrectly paid to the individual.

History: *Cr. Register, April, 2001, No. 544, eff. 5-1-01.*

HFS 79.20 Applicability. This chapter applies to the department and to individuals receiving benefits under s. 49.77 or 49.775, Stats., or both.

History: *Cr. Register, April, 2001, No. 544, eff. 5-1-01.*

HFS 79.30 Definition. In this chapter:

(1) "Department" means the department of health and family services.

(2) "Incorrectly paid benefits" means payments of any amount dispersed to an individual who was not eligible for any benefit amount during the period for which the payment was made or in an amount which was in excess of the amount for which the person was eligible during the period for which the payment was made.

History: *Cr. Register, April, 2001, No. 544, eff. 5-1-01.*

HFS 79.40 Recovery of incorrectly paid benefits.

(1) **CURRENT RECIPIENT.** The department shall recover payments incorrectly made under s. 49.77 or 49.775, Stats., to an individual who receives benefits paid under s. 49.77 or 49.775, Stats., or both, by reducing the amount of an individual's payment under s. 49.77 or 49.775, Stats., or both, by no more than 10% until the full amount of the incorrect payment is recovered by the department, unless the individual requests a larger percentage deduction.

(2) **FORMER RECIPIENT.** (a) The department shall ask a former recipient to voluntarily repay overpayments the department made under s. 49.77 or 49.775, Stats.

(b) If a former recipient refuses to voluntarily repay the amount specified under sub. (2) and the overpayment is \$100 or more, the department may pursue collection or court action.

History: *Cr. Register, April, 2001, No. 544, eff. 5-1-01.*

HFS 79.50 Waiver of recovery. The department may waive recovery of incorrectly paid benefits for an incident of incorrect payment, be it for a single month or for an episode of incorrect payments, when the total recovery or adjustment for the single month or episode is less than \$100.

History: *Cr. Register, April, 2001, No.544 , eff. 5-1-01.*

HFS 79.60 Appeal rights. The department shall send a notice of adverse administrative action to an individual identifying the months and amounts for which benefits were incorrectly paid and the reason for which the individual was ineligible for the payment. The notice shall include information regarding the individual's right to appeal the department's decision as provided in ch. HA 3. The department delegates final decision making regarding appeals to the department of administration's division of hearings and appeals under s. HA 3.09 (9) (a).

History: *Cr. Register, April, 2001, No. 544 , eff. 5-1-01.*

CTS Gross Income Limits

Group Size	Area I	Area II
1	\$576	\$557
2	\$1018	\$987
3	\$1197	\$1159
4	\$1429	\$1386
5	\$1640	\$1593
6	\$1773	\$1719
7	\$1919	\$1863
8	\$2034	\$1976
9	\$2130	\$2067
10	\$2182	\$2115
11	\$2228	\$2161
12	\$2274	\$2208

Add \$46 per person for groups larger than 12.

CTS Gross Income Limit & Pregnancy Allowance

Group Size	Area I	Area II
1	\$707	\$689
2	\$1149	\$1118
3	\$1329	\$1290
4	\$1560	\$1517
5	\$1771	\$1725
6	\$1904	\$1850
7	\$2050	\$1995
8	\$2165	\$2108
9	\$2261	\$2198
10	\$2313	\$2246
11	\$2359	\$2293
12	\$2405	\$2339

Add \$71 for each additional pregnant woman in the group.

Add \$46 per person for groups larger than 12.

Area I Counties (all other counties and tribes are in Area II):

Brown
Dane
Dodge
Dunn
Eau Claire
Fond du Lac
Kenosha

La Crosse
Marathon
Manitowoc
Milwaukee
Oneida Tribe
Outagamie
Ozaukee

Racine
Rock
St. Croix
Sheboygan
Washington
Waukesha
Winnebago

Winnebago Tribe (if
residing on tax-free land in
La Crosse or Marathon
Counties)

CTS Assistance Standard (Net Income Limits)

Group Size	Area I	Area II
1	\$311	\$301
2	\$550	\$533
3	\$647	\$626
4	\$772	\$749
5	\$886	\$861
6	\$958	\$929
7	\$1037	\$1007
8	\$1099	\$1068
9	\$1151	\$1117
10	\$1179	\$1143
11	\$1204	\$1168
12	\$1229	\$1193

Add \$25 per person for groups larger than 12.

CTS Assistance Standard & Pregnancy Allowance

Group Size	Area I	Area II
1	\$382	\$372
2	\$621	\$604
3	\$718	\$697
4	\$843	\$820
5	\$957	\$932
6	\$1029	\$1000
7	\$1108	\$1078
8	\$1170	\$1139
9	\$1222	\$1188
10	\$1250	\$1214
11	\$1275	\$1239
12	\$1300	\$1264

Add \$71 for each additional pregnant woman in the group.

Add \$25 per person for groups larger than 12.

Area I Counties (all other counties and tribes are in Area II):

Brown
Dane
Dodge
Dunn
Eau Claire
Fond du Lac
Kenosha

La Crosse
Marathon
Manitowoc
Milwaukee
Oneida Tribe
Outagamie
Ozaukee

Racine
Rock
St. Croix
Sheboygan
Washington
Waukesha
Winnebago

Winnebago Tribe (if
residing on tax-free land in
La Crosse or Marathon
Counties)

Abbreviations

AFDC	Aid to Families With Dependent Children
AFDC-MA	Aid to Families With Dependent Children-Medicaid
AG	Assistance Group
ACF	Federal Administration for Children and Families
CAF	Combined Application Form
CARES	Client Assistance for Re-employment & Economic Support
CBRF	Community Based Residential Facility
COLA	Cost of Living Adjustment
CS	Child Support
CTS	Caretaker Supplement
DDB	Wisconsin Disability Determination Bureau
DHFS	Department of Health & Family Services
DWD	Department of Workforce Development
IRCA	Immigration Reform & Control Act
IMM	Income Maintenance Manual
MA	Medicaid, Medical Assistance, Title 19 or Title XIX
MAHB	Medical Assistance Handbook
MP	Minor Parent
NLRR	Nonlegally Responsible Relative
NMCP	Nonmarital Coparent
OASDI	Social Security, Old Age Survivor Disability Insurance, SSDI, Title II, Social Security Act
SFU	Standard Filing Unit
NF	Nursing Facility
SSA	Social Security Administration
SSDI	Social Security Disability Insurance, Title II or Title 2, Social Security Act
SSI	Supplemental Security Income, Title XVI or Title 16, Social Security Act
SSI-E	Supplemental Security Income, Wisconsin Exceptional Expense Payment
SSN	Social Security Number
UC	Unemployment Compensation
W-2	Wisconsin Works
1619(b)	Medicaid Eligibility Under s. 1619(b), Social Security Act

Information About Caretaker Supplement (CTS)

Wisconsin's Caretaker Supplement (CTS) is a cash benefit available to parents who are eligible for Supplemental Security Income (SSI) payments. CTS is not a Medicaid benefit; it pays cash only to eligible parents. CTS benefits are \$250 per month for the first eligible child and \$150 per month for each additional eligible child.

Who should apply for CTS?

Parents who receive SSI who are living with and caring for their minor children who have limited income and assets.

Where do I apply for CTS?

Apply for CTS at your local human services or social services agency. If you are already receiving food stamps, Medicaid or child care benefits for your children, you should contact your worker to apply for CTS. You cannot apply for CTS at your local Social Security Office.

What are the eligibility requirements for CTS?

You must be receiving a Wisconsin SSI payment and your children must meet income and asset requirements for the benefit. Your household must also meet certain non-financial criteria, such as Wisconsin residency. You cannot receive CTS benefits for any of your children who are also receiving SSI. In some cases, 18-year-old children who are still in high school may qualify for CTS benefits. If your children have two parents in the household, both parents must be receiving SSI for the children to be considered for CTS eligibility. If your SSI benefits end, your CTS benefits will also end. Any parent who receives CTS benefits must cooperate with the county child support agency to ensure that any absent parent is paying child support.

Does CTS eligibility affect my other benefits?

You may be eligible for CTS even though your children are not receiving Medicaid. Eligibility for each type of assistance is determined separately by your local agency. CTS benefits may affect the amount of benefits you receive from other assistance programs. Report any changes in your income, assets or household to your worker.

How are CTS benefits paid?

CTS benefits are paid to SSI recipients as part of their monthly state SSI benefit. This is not an emergency funding program. Any SSI recipient who has chosen electronic funds transfer (EFT) for their SSI benefit will have their CTS paid to them through EFT.

CARETAKER SUPPLEMENT (CTS) INSTRUCTIONS FOR APPLICATION

This application is to be used by parents who receive Supplement Security Income who are living with and caring for their minor children, and who have limited income and assets. This is not an application for food stamps, child care, Medicaid, or W-2. If you are interested in applying for these assistance programs you must contact your local county/tribal social or human services department or your W-2 agency. These programs provide persons or families help with the costs of food, the costs of child care or finding a job as part of W-2.

If you need help filling out this application or wish to answer the questions in person or over the telephone, contact your local county/tribal social or human services department.

If you have a disability and need to access the instructions and application in an alternate format, or need it translated to another language, please contact (608) 266-3356 or (608) 266-2555 TTY (toll free). All translation services and translated information are free of charge.

HOW TO USE THIS FORM

1. Read the instructions completely before completing application.
2. Print clearly. Use blue or black ink.
3. Fill out the application completely. Answer all the questions. There may be a delay in Caretaker Supplement (CTS) benefits if the application is not complete. If your application is not complete or you requested retroactive eligibility, your county/tribal social or human services department will contact you for more information.
4. Enter information about all the people that live in your household. If you need more space add a second sheet.
5. If you are pregnant, please include with your application a signed and dated note from your doctor or another health care professional saying that you are pregnant and identifying your expected due date.
6. You may authorize a representative to apply for you. Complete and send the Authorized Representative form included in these instructions with your application. This form authorizes a representative to complete and sign the application for you. A legal guardian, conservator, or power of attorney/durable power of attorney authorized to act on these types of matters may apply for an individual without separate authorization by the individual.

IMPORTANT INFORMATION

The following is important information regarding Caretaker Supplement eligibility.

- Your application date is the date your application is received by your county/tribal social or human services department. The application must include at least your name, address, and signature. A decision regarding your eligibility for CTS will be mailed to you within 30 days of the application date. Unsigned forms will not be processed and will be returned.
- Your rights and responsibilities are provided in Section XI. If you have any questions about your rights and responsibilities contact your local county/tribal social or human services department.
- If you are found eligible for CTS you will need to complete a review every 6 months to determine eligibility. Changes in your income or household composition need to be reported to your county/tribal social or human services department within 10 days of the change.

SECTION I – Client Information

Name of Person Applying for Aid

Enter your last name, first name and middle initial of the person applying for CTS.

Telephone Number

Enter your 10-digit telephone number (include area code, for example (608) 292-4021).

We assume your children attend school full time. If not indicate here.

List the first and last names of your children, who are under 18 years of age, who do not attend school full time.

Address

Enter your address, street, city, state and zip code.

Mailing Address

Enter the mailing address where you would like information sent regarding your CTS. This may be your current address or the current address of your authorized representative.

SECTION II – General Information (Use a separate sheet of paper if additional space is needed.)

Eligibility for Caretaker Supplement will be based on family members living in your household. Complete this section of the application for all family members living in your household.

Name

Enter the last name, first name and middle initial of all family members living in your household. This may include yourself, your spouse, father, mother, children or stepchildren, etc.

Social Security Number

Enter a Social Security Number (SSN) for all members of your household who are applying for CTS. If someone in your household is not applying for CTS you do not need to provide SSN information for that person.

Providing or applying for an SSN is voluntary; however any person who wants CTS but does not want to provide their SSN or apply for one will not be eligible for benefits, pursuant to Wisconsin Statutes section 49.82(2).

SSN information will be used for administration of the CTS program. Your SSN permits a computer check of your information with government agencies such as the Internal Revenue Service (IRS), Social Security Administration (SSA) and the Department of Workforce Development.

Your SSN will not be shared with the Immigration and Naturalization Service (INS).

Date of Birth

Enter the birth date of all members of your household. When entering the birth date, use the number for the month, day and year. (Example: If your birth date is February 23, 1970, enter 02/23/70.)

Gender

Circle "M" for each male member of your household. Circle "F" for each female member of your household.

Marital Status

Enter the code in the space provided that best describes each household member's marital status.

- A = Annulled
- D = Divorced
- LS = Legally Separated
- M = Married
- S = Separated
- N = Never Married
- W = Widowed

Are you a U.S. Citizen?

Check "Yes" for each member of your household that is a U.S. citizen. Check "No" for each member of your household that is not a U.S. citizen. If you checked "No" for any household member applying for CTS, submit a copy of both sides of the immigration documentation with this application. Information may be submitted to the INS for verification for those applying for these programs.

If someone in your household is not applying for CTS you do not need to provide proof of immigration status for that person.

What is your race or ethnic background? (Optional)

Enter the code or codes that best describe the race or ethnic background of each member of your household. This information is voluntary and will not be used to determine eligibility.

- A = Asian
- B = Black
- H = Hispanic origin
- I = American Indian/Eskimo
- P = Native Hawaiian or Pacific Islander
- S = Southeast Asian
- W = White

Relationship to Applicant

Enter the relationship to the applicant of each person listed.

SECTION III – Absent Parent Information (Use a separate sheet of paper if additional space is needed.)

A CTS eligibility requirement is cooperation with identifying parents who are absent from the home. Complete this section as accurately as you can for each parent absent from the home. If there is a reason you do not want to provide information for an absent parent, leave this section blank.

If this section is left blank, you will be contacted by your local/tribal social or human service department for additional information.

Do any children have a natural or adoptive mother or father who is not living at home?

Check "Yes" if any of the children living in your household have either a natural or adoptive parent who is not living in the home. If you checked "Yes", complete all of Section III.

Check "No" if the children living in the home have both natural or adoptive parents living in the home. If you checked "No", skip to Section IV.

Name

Enter the last name, first name and middle initial of any parent who is absent from the home.

Social Security Number

Enter the Social Security Number (SSN) of the absent parent, if you know it. If this field is left blank, you may be contacted by your local/tribal social or human service department for additional information.

Date of Birth

Enter the birth date of the absent parent, if it is known. When entering the birth date, use the number for the month, day and year. (Example: If the birth date is February 23, 1970, enter 02/23/70 in the space provided.)

Name(s) of Child(ren)

Enter the last name, first name and middle initial of the child(ren) of this absent parent.

Relationship to Child

Check "Mother" or "Father" to indicate the absent parent's relationship to the children listed.

Reason for Parent's Absence

List the reason why the parent does not live in the household. (For example, divorced, separated, not married, unable to locate.)

Date Parent Left the Household

Enter the date that the absent parent left the household, if known. When entering the date, use the number of the month, day and year. (Example: If the date the parent left the household is March 3, 1999, enter 03/03/99 in the space provided.)

Date of Last Contact with Parent

Enter the date of last contact with the absent parent.

Court Order of Divorce or Paternity

If there is a court order of divorce or paternity, enter the case number, county, and state for the order that was issued.

SECTION IV – Employment (Use a separate sheet of paper if additional space is needed.)

CTS will be based on your total family income (Including minor children).

Enter the expected gross monthly earnings for the current month and next month for each member of your household.

Are you or any household member working?

Check "Yes" if any member of your household is working and complete the rest of the Section IV. Check "No" if no one in your household is working, and skip to Section V.

Is anyone listed in Section IV a migrant worker?

Check "Yes" if any member of your household is a migrant worker and complete the rest of Section IV. Check "No" if no one in your household is a migrant worker.

Name Each Working Person

Enter the last and first name of each member of your household that is employed.

Employer's Name, Address and Telephone Number

Enter the employer's name, address and telephone number for each member of your household who is employed.

Date Employment Began

Enter the beginning date of employment for each member of your household who is employed. When entering the date, use the number of the month, day and year. (Example: If the date that employment began is May 2, 2000, enter 05/02/00 in the space provided.)

Gross Monthly Earnings Expected this Month

Enter the expected monthly gross earnings (before taxes and deductions) for this month for each member in your household who is employed.

Gross Monthly Earnings Expected Next Month

Enter the expected monthly gross earnings (before taxes and deductions) for next month for each member in your household who is employed.

SECTION V – Self-Employment (Add a second sheet of paper if more than one person is self-employed.)

Are you or any household member self-employed?

Check "Yes" if you or any member of your household is self-employed. If you checked "Yes" complete the rest of Section V. List amounts you reported to the IRS on your tax forms. If you did not file taxes last year, leave the net annual income and depreciation boxes blank. Your county/tribal agency will contact you for more information.

If no one in your household is self-employed, check "No" and continue on to Section VI.

Self-Employed Person

Enter the last name, first name and middle initial of each person in the household who is self-employed.

Business Name and Address

Enter the name and address of the business for each person in the household who is self-employed.

Type of Business

Enter the type of business for each person in the household who is self-employed.

Net Annual Income

Enter the net annual income for each person in the household who is self-employed. List the amounts reported to the IRS on your tax forms. If you did not file taxes last year, leave this box blank. Your county/tribal social or human services department will contact you for more information.

Depreciation Amount Claimed

List the amounts reported to the IRS on your tax forms. If you did not file taxes last year, leave this box blank. Your county/tribal social or human services department will contact you for more information.

Income you Expect to Earn this Year

Enter the amount of gross annual income (before taxes and deductions) for each person in the household who is self-employed.

SECTION VI – Unearned Income

Other Type of Income/YES/NO

Check “Yes” if anyone in your household receives unearned income. Check “No” if those in your household do not receive unearned income. If you answer “Yes” complete Section VI for each income type.

Name

Enter the name of the person for the income types that were checked “Yes”.

Gross Monthly Amount

Enter the gross monthly amount received for each income type for the ones checked “Yes”.

SECTION VII – ASSETS

Name

Enter the name of the person who owns the asset type listed.

Current Value

Enter the current value of the asset.

Description

Give a description of the asset, example; for a checking account, the bank or financial institution’s name, the account numbers, etc.

SECTION VIII – VEHICLES (Use a separate sheet of paper if additional space is needed.)

Type of Vehicle

Enter the type of vehicle. Include all vehicles that are owned jointly with another person.

Year, Make and Model of the Vehicle

Enter the year, make and the model of the vehicle.

Name of the Owner

Enter the name of the owner of the vehicle. If the vehicle is jointly owned, list name’s of all owners.

How much is still owed on the vehicle?

If you still owe money on this vehicle, list the amount that is still owed.

Is this vehicle used to get to medical appointments?

Check "Yes" if this vehicle is used to get to medical appointments. Check "No" if you do not use the vehicle to get to medical appointments.

Is this vehicle for employment, training, school, or farming?

Check "Yes" if this vehicle is used for employment, training, school, or farming. Check "No" if it is not used for employment, training, school, or farming.

SECTION IX – Child Support

Does anyone pay child support?

Check "Yes" if someone in your household pays child support. Check "No" if no one in your household pays child support.

If you checked "Yes" answer the questions to the right of the YES/NO box. If you checked "No" go to Section XI.

Who pays the child support?

Enter the name of the person in your household who pays child support.

Who receives the child support payments?

Enter the name of the person who receives the child support payment. (This should not be the name of the absent parent.)

Monthly Amount

Enter the monthly amount that is paid or received for child support.

SECTION X - Pregnancy

Are any members of your household pregnant?

Check "Yes" if a woman in your household is pregnant. Check "No" if there are no pregnant women in your household.

If you checked "Yes" answer the questions to the right of the YES/NO box. If you checked "No" go to Section XI.

Name of Pregnant Woman

Enter the first and last name of the pregnant woman in your household.

Due Date

Enter the due date of the pregnant woman in your household. (For example, if the due date is April 3, 2003 you would enter 04/03/03 in the space provided.) You will need to provide verification from a medical professional of your pregnancy and the due date to your county/tribal social or human services department.

Multiple births expected?

Enter "Yes" if multiple births are expected. Enter "No" if multiple births are not expected. If you checked "Yes" enter the number of expected babies.

SECTION XI – Rights and Responsibilities

Read all of your Rights and Responsibilities. Check each box indicating that you have read and understand them.

Your signature on the application means that you understand and acknowledge that the county/tribal social or human services department, W-2 agency and the state Department of Health and Family Services is authorized to request any information that is appropriate and necessary for the proper administration of the Caretaker Supplement program authorized under Wisconsin law.

You have the right to apply for CTS benefits for any month in which you receive SSI and did not receive W-2 benefits.

YOUR RESPONSIBILITIES:

- You must cooperate with the child Support Agency.
- You are responsible for obtaining a social security number for your child or children.
- You are responsible for reporting to your agency worker, within 10 days, any change in income, assets or other household circumstances that may affect your eligibility.

Use the "Change Report" form that you get when you apply, call your worker, or report the change in person.

You must also report:

- Whenever anyone in your household starts receiving SSI or stops receiving SSI.
- When any member of your household turns 18 years old, graduates from high school, obtains a GED, or quits school.
- When the source of your income changes.
- When anyone moves into or out of your household.
- When anyone in your household has a change in earnings from work.
- When your household's unearned income, cash-in-hand, checking or savings accounts, stocks, bonds or other assets change.
- When the total assets of your children exceed \$1000.
- When anyone in your household gets married, divorced, becomes pregnant or gives birth.
- When your child care or dependent care expenses change.
- When your address changes.
- When you or anyone in your household receives a lump sum payment such as a personal injury award, inheritance, windfall payment, retroactive benefits such as Social Security or Unemployment Insurance. You may be ineligible for CTS for a period of time if you receive lump sum payment. Do not spend this money until you have contacted your worker to find out if there will be a period of time for which you must use this money to meet current living expenses.
- Any other change that affects your eligibility or the amount of your benefits.

You have the right to appeal any action taken concerning your Caretaker Supplement application or on going benefits that you do not agree with by requesting a Fair Hearing. You may request a Fair Hearing by writing to:

Wisconsin Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

You may also contact your local county/tribal social or human services department and ask for a Fair Hearing verbally or in writing.

The Department of Health and Family Services (DHFS) is an equal opportunity employer and service provider. For civil rights questions, call (608) 266-3465 (voice) or (608) 266-2555 (TTY).

To file a complaint of discrimination by contacting either the:

- Wisconsin Department of Health and Family Services (DHFS)
Affirmative Action and Civil Rights Compliance Office
1 W. Wilson, Room 555
Madison, WI 53707-7850
Telephone: (608) 266-9372 (Voice); (608) 266-5555 (TTY)
Fax: (608) 267-2147
- U.S. Department of Health and Human Services
Office for Civil Rights – Region V
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601
Telephone: (312) 886-5077 (voice) or (312) 353-5693 (TTY)

CHECKLIST

- ☐ Is the application complete?
- ☐ If you are not a U.S. citizen, did you include a copy of both sides of your immigration status documents?
- ☐ If you are pregnant, did you include a signed and dated note from a doctor or other health care professional saying that you are pregnant and stating the due date?
- ☐ Did you read the Rights and Responsibilities Section?
- ☐ Did you sign and date the application form?
- ☐ Did you include the Authorized Representative Form if you are acting on behalf of an applicant?

Send the completed application to your local county/tribal social or human services department, W-2 agency, or Medicaid outstation site. Addresses for county/tribal agencies can be found at:
<http://www.dhfs.state.wi.us/Medicaid1/contacts/recipient-contacts.htm> or by contacting Medicaid Recipient Services at 1-800-362-3002.

OTHER PROGRAM INFORMATION

If you are interested in services for veterans, call 1-800-947-8347 (WIS-VETS), or contact your county Veteran Service Officer.

For information about the Women, Infants, and Children (WIC) Nutrition Program, call 1-800-722-2295.

For information about services for women, children and families, contact the Wisconsin Maternal Child Health Hotline at 1-800-722-2295.

CARETAKER SUPPLEMENT APPLICATION

NOTE: Before completing this form, read the instructions (DDE-2571A). Print using black or blue ink. Use an additional sheet of paper if more space is needed.

SECTION I - CLIENT INFORMATION

Name of Person Applying for Caretaker Supplement (Last, First, MI)	Telephone Number (Include area code)
Address of Person Applying for Caretaker Supplement (Street, City, State, Zip Code)	Mailing Address (Only if different from residence)

SECTION II - GENERAL INFORMATION Refer to instructions to complete this section.

Name of all Family Members Living in Your Household Name (Last, First, MI)	Social Security * Number (SSN) (Applicants Only)	Date of Birth (mm/dd/yyyy)	Gender	Marital Status Code	US Citizen (Applicants Only)	Race or Ethnic Code (Optional)	Relationship to Applicant
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		

* Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants to receive Caretaker Supplement (CTS), but does not want to provide his or her SSN or apply for one, will not be eligible for benefits, pursuant to Wis. Stats. sec. 49.82(2).

SECTION III - ABSENT PARENT INFORMATION

☐ Yes ☐ No Do any children have a natural or adoptive mother or father who is not living at home? If "Yes" complete below. If "No" go to Section IV.

Name of Parent (Last, First, MI)	Social Security Number	Date of Birth (mm/dd/yyyy)	Name(s) of Child(ren)	Relationship to Child
				<input type="checkbox"/> Mother <input type="checkbox"/> Father
				<input type="checkbox"/> Mother <input type="checkbox"/> Father

Reason for Parent's Absence	Date Parent Left Household	Date Last Contact With Parent	Court Order of Divorce / Paternity		
			Case Number	County	State

SECTION IV - EMPLOYMENT

☐ Yes ☐ No Are you or any household members working? ☐ Yes ☐ No Is anyone listed below a migrant worker?
If you answered "Yes", complete below. If "No", go to Section V.

1. Name of Working Person	Name of Employer		
Address of Employer (Street, City, State, Zip Code)		Employer's Telephone Number	
Date Employment Began (mm/dd/yyyy)	Gross Monthly Earnings Expected This Month (Before taxes and deductions)	Gross Monthly Earnings Expected Next Month (Before taxes and deductions)	

2. Name of Working Person	Name of Employer		
Address of Employer (Street, City, State, Zip Code)		Employer's Telephone Number	
Date Employment Began (mm/dd/yyyy)	Gross Monthly Earnings Expected This Month (Before taxes and deductions)	Gross Monthly Earnings Expected Next Month (Before taxes and deductions)	

SECTION V - SELF-EMPLOYMENT

☐ Yes ☐ No Are you or any household members self-employed? If you answered "Yes", complete below. If "No", go to Section VI.

1. Name (Last, First, MI)		Name of Business	
Address of Business (Street, City, State, Zip Code)		Type of Business	
Net Annual Income \$	Depreciation Amount Claimed \$	Income You Expect to Earn This Year \$	

2. Name (Last, First, MI)		Name of Business	
Address of Business (Street, City, State, Zip Code)		Type of Business	
Net Annual Income \$	Depreciation Amount Claimed \$	Income You Expect to Earn This Year \$	

SECTION VI - UNEARNED INCOME Refer to instructions to complete this section.

☐ Yes ☐ No Does anyone in your household receive unearned income? If you answered "Yes", complete section below for each income type. If "No", go to Section VII.

Type of Income	Yes / No	Name of Person Receiving Unearned Income	Gross Monthly Amount
Social Security / Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Maintenance / Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Disability / Sick Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Interest / Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
*Other Income - List type(s) below:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

SECTION VII - ASSETS

List all assets owned by the applicant(s). Include assets owned jointly. Do not include the value of personal household belongings, unless of unusual value. Do not include assets of any household member that is receiving SSI. List vehicles in Section VIII.

Type of Asset	Name of Owner(s)	Current Value	Description (e.g., Bank / Financial Institution Name, Account Number)
1. Cash		\$	
Cash		\$	
2. Checking Account		\$	
Checking Account		\$	
3. Savings Account		\$	
Savings Account		\$	
4. Real Estate / Property		\$	
Real Estate / Property		\$	
5. Burial Assets / Burial Insurance		\$	
Burial Assets / Burial Insurance		\$	
6. Life Insurance		\$	
Life Insurance		\$	
*Other Asset Type - List			
7.		\$	
		\$	

***OTHER ASSET TYPES:** Certificate of Deposit, trust funds or life estates, stocks, bonds, IRA, Keogh Plan or other tax shelter, farm equipment, livestock, personal property of exceptional value (art collections, coin collections, jewelry, etc.), land contracts and mortgages, etc.

SECTION VIII - VEHICLE INFORMATION

List all vehicles owned by applicant(s). Include vehicles owned jointly with another person.

1. Vehicle Type	Vehicle Year, Make and Model	Name of the Owner(s)	
Amount Still Owed on This Vehicle \$	Vehicle is Used to Get to Medical Appointments <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle is Used for Employment, Training, School or Farming <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Vehicle Type	Vehicle Year, Make and Model	Name of the Owner(s)	
Amount Still Owed on This Vehicle \$	Vehicle is Used to Get to Medical Appointments <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle is Used for Employment, Training, School or Farming <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IX - CHILD SUPPORT

Child Support is Being Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person Paying Child Support	Name of Person Who Receives the Child Support Payments	Monthly Amount \$
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SECTION X - PREGNANCY

Are any Members of Your Household Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Names of Any Pregnant Women		
Due Date(s) (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No Are multiple births expected? If "Yes" number of babies expected:		

SECTION XI - RIGHTS AND RESPONSIBILITIES

Read the Rights and Responsibilities section in the Instructions before signing this form.

- ☐ I understand the questions and statements on this application form.
- ☐ I understand the penalties for giving false information or breaking the rules.
- ☐ I certify, under penalty of false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship status of each household member applying for benefits.
- ☐ I understand and agree to provide documents to prove what I have said.
- ☐ I understand that the agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.

SIGNATURE - Applicant or Authorized Representative_____
Date Signed

**Addendum to Application/Registration
for Wisconsin Works (W-2) Services, Caretaker Supplement (CTS),
Child Care Assistance, Medicaid/Healthy Start, and Food Stamps**

Read the following statements carefully. Ask about any statements you do not understand. This form is part of your application; you may ask your worker for a copy of the application. Keep this Addendum with your important papers, and review it when changes occur.

REPORTING CHANGES

I understand the change reporting requirements below:

Wisconsin Works (W-2), Caretaker Supplement, and Elderly, Blind and Disabled Medicaid

Report to the agency **within 10 days**:

- Any changes in income or assets of any member of my household, AND
- Any other change in the information I have given on my application that is required to be reported in the "Rights and Responsibilities" pamphlet or the Medicaid Change Report form.
- I understand that I must report in five (5) days if a child included in my W-2 or Caretaker Supplement group is no longer under my care and custody.

Family Medicaid

Report to the agency **within 10 days**:

- Any changes in **income** of any member of my household, AND
- Any other change in the information I have given on my application that is required to be reported on the Medicaid Change Report form.

Food Stamp Program

If all household members are elderly, blind or disabled and no one has any earned income, report to the agency within 10 days:

- Any new employment.
- An increase in total child support income of more than \$100 per month.
- An increase in total other unearned income of more than \$50 per month.
- An increase in assets which results in total assets exceeding \$3000.
- If a person moves in or out of the household.
- Any change in my address and resulting change in my shelter costs.
- Any change in the legal obligation to pay child support.

All other Food Stamp recipients must report to the agency by the 10th of the month following the change:

- Total gross monthly income that exceeds 130% of the Federal Poverty Level for the reported household size

Household size	130% FPL	Household size	130% FPL
1	\$ 973	6	\$2674
2	\$1313	7	\$3014
3	\$1654	8	\$3354
4	\$1994	9	\$3695
5	\$2334	10	\$4036

I understand that for all programs if I fail to report changes, I may be prosecuted for fraud and/or I will be responsible to repay any benefits I receive in error. To report a change, I understand I can use a Change Report form or I can contact my worker by phone, in person, or in writing.

Child Care Assistance

Report to the authorizing agency **within 10 days**:

- Any changes in income of any member of my household.
- Any other change in the information I have given on my application and that is required in the "Rights and Responsibilities" pamphlet.
- Any change in hours requested for child care.
- Any change in a child care provider.
- When employment has ended for any member of my household.

WISCONSIN WORKS (W-2) SERVICES

I understand that W-2 is a work-based program that offers placement into an employment position. If I am unable to work full-time, I may be assigned to other activities within my capabilities and family responsibilities. I understand that if I am already employed or looking for employment, W-2 may help me pay for child care costs or get a Job Access Loan. W-2 encourages me to look for a job on my own and may provide case management services to help me find a job. I understand that I must do activities assigned to me while my application is pending and apply for other forms of assistance such as Unemployment Insurance or Supplemental Security Income (SSI) as required. If I am approved for a W-2 employment position, my placement is determined by my employment history and job readiness. I understand my W-2 payment may be reduced or terminated if I refuse or miss assigned hours without good cause. I understand that W-2 payments are subject to a 60-month time limit during my family's lifetime. I understand that I can refer to the W-2 Participation Agreement for more information on W-2 participation requirements.

W-2 LEARNFARE

I understand that in order to be eligible for W-2, children ages 6 through 17 are subject to Learnfare. Learnfare requires my child(ren) to be enrolled in school. In addition, any child(ren) who is a habitual truant, a dropout, a minor parent, or not enrolled in school is required to participate in Learnfare case management services. Not complying with the school enrollment requirement or mandatory case management requirement without good cause will result in a \$50 penalty per child per month. The maximum penalty is \$150 per household per month. I understand I can refer to the W-2 Participation Agreement for more information on Learnfare participation requirements.

FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

I understand by signing the application form I have registered myself and all persons included in my food stamp group with the Food Stamp Employment and Training Program. I understand that I can refer to the Wisconsin Food Stamp Program Eligibility and Benefits Participant Handbook for more information.

- Anyone in my food stamp group who is required by state and federal law to participate in the Food Stamp Employment and Training Program will be referred to the program. If exempt, I will not be required to participate.
- I will be notified if anyone in my household is referred to the Food Stamp Employment and Training Program.
- Anyone in my food stamp group who is not required to participate in the Food Stamp Employment and Training Program may volunteer by telling the worker.
- If anyone who is required to participate in the Food Stamp Employment and Training Program fails or refuses to do so without good cause, the food stamp benefit may be reduced or terminated.

CITIZENSHIP

I and all other persons living in my household and applying for aid are citizens or nationals of the United States or are in a satisfactory immigration status. I understand that the immigration status of any person in my household applying for benefits will be verified with the Bureau of Citizenship and Immigration Services (BCIS). Information from BCIS may affect my household's eligibility and amount of benefits. Immigration status will not be verified with BCIS for people in my household who are not applying for assistance.

CHILD SUPPORT COOPERATION

I understand that I must cooperate with the Child Support Agency by helping to locate absent parents, legally naming the absent parent and/or enforcing child support orders if I am requesting W-2, Child Care Assistance, Food Stamps, Caretaker Supplement or Medicaid for a child with an absent parent. Failure to cooperate with the Child Support Agency without good cause may result in termination or a reduction in benefits.

OTHER MEDICAL COVERAGE

I understand that as a condition of Medicaid eligibility, I must report to the agency any third party who may be liable to pay for medical care for me and my family. I must cooperate by giving information as requested. This also includes any insurance that may be available through an absent parent or an employee's group health insurance.

RECOVERY OF MEDICAID

I understand that Wisconsin state law provides for the recovery of certain Medicaid benefits I receive while age 55 or older and residing in the community. I understand that the law also provides for the recovery of all Medicaid benefits I receive while I am a resident in a nursing home and while I am an inpatient in a hospital for 30 days or more. I also understand that under limited circumstances a lien may be placed on my home for benefits I receive while I am residing in a nursing home if I am unlikely to return home and my spouse (or minor/disabled son or daughter) does not live in the home.

WISCONSIN WORKS (W-2) FACT FINDING

I understand that I may request a Fact Finding by writing to the W-2 agency if I do not agree with the agency's decision regarding my W-2 application, placement in a W-2 employment position, other ongoing W-2 services, recoupment for an overpayment or Emergency Assistance. I understand that I must request the Fact Finding within 45 days from the date I am notified of the decision or within 45 days from the effective date of the decision whichever is later. A W-2 fact finder will hold a meeting to review the action and send me a decision in writing. The W-2 agency is also available to hear Equal Opportunity Employment and services concerns.

FAIR HEARING

MEDICAID, FOOD STAMPS, CARETAKER SUPPLEMENT and CHILD CARE

I understand that I have the right to request a Fair Hearing if I do not agree with the agency's decision regarding an overpayment, my application or ongoing benefits for Medicaid, Caretaker Supplement, Food Stamps or Child Care Assistance. I understand that I can ask for a Fair Hearing by writing to: Division of Hearings and Appeals, P. O. Box 7875, Madison, WI 53707-7875. I may also contact the office where I applied and ask for assistance with filing a Fair Hearing request. I understand that I can refer to the Fair Hearing Pamphlet or my Notice of Decision for more information on the fair hearing process.

USE OF SOCIAL SECURITY NUMBER/PRIVACY ACT STATEMENT

I understand that providing the information requested in this application, including the Social Security Number (SSN) of each household member is voluntary. I understand that I must, by federal law*, give the agency the SSN for all household members applying for benefits. Failure to provide Social Security Numbers for those applying will result in a denial of benefits. Any Social Security Numbers that are provided will be used and disclosed in the same manner as Social Security Numbers of eligible household members.

My SSN, as well as other information I give the agency, is subject to verification by federal, state and local officials for the Food Stamp, Medicaid, W-2, Child Care and Caretaker Supplement Programs and other federal assistance and state programs, such as the School Lunch Program. The Income and Eligibility Verification System and other computer matching is used for verification. This computer matching is used to verify information with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation. The agency may also submit this information to the Bureau of Citizenship and Immigration Services and other agencies for verification. The SSNs are also used to check the identity of household members through program reviews or audits to prevent duplicate participation, and to make sure my household is eligible for assistance. The agency may contact my household's employers, banks or other parties.

I understand the information provided on this application will be used to determine whether my household is eligible or continues to be eligible to participate in these assistance programs. This information will be verified through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination.

I understand that knowingly providing a false SSN or other information may result in criminal or civil action and/or an overpayment of benefits which I will have to repay.

I understand that if I need assistance applying for an SSN for myself or someone in my household, I can contact the agency worker.

*42 U.S.C. 1320b-7; 7 CFR 273.6; and the Food Stamp Act of 1977 as amended, 7 U.S.C. 2011-2036

DRUG FELONY/FLEEING FELONS

I understand I must report to my worker if I have been convicted of a drug felony for an offense that happened on or after 8/22/96. If I refuse to provide this information, I may be denied W-2 services and/or food stamp benefits. If I have been convicted of a drug felony and I am placed into a Community Service Job or W-2 Transition position, or if I am requesting food stamp benefits, I must submit to a drug screen test. If my drug screen is positive my benefits will be reduced. If I refuse to submit to a drug screen, I may be found ineligible for W-2 services and/or food stamp benefits.

Fleeing felons and probation/parole violators are ineligible for the Food Stamp and W-2 Programs.

I understand that information provided on this application may be provided to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

OVERPAYMENTS

I understand that I must pay back any W-2, Child Care Assistance, Caretaker Supplement or Food Stamp payments I receive in error regardless of whether or not it was my fault or an error was made by the agency.

I understand that I must pay back Medicaid I receive in error under certain circumstances.

I understand that if a food stamp claim arises against my household, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

W-2 PENALTY WARNING

I understand that any member of my household who intentionally breaks any of the following rules for the purpose of getting or staying eligible for W-2 or increasing the amount of W-2 payments to the family, can cause reduction or termination of W-2 services and may result in criminal or civil action. I will be ineligible to participate for 10 years if I am found to have made a false statement or misrepresentation about my identity or residence in order to receive multiple payments at the same time. After three (3) Intentional Program Violations occur, my entire W-2 group may be permanently barred from the W-2 program. I understand that I may also be prosecuted for fraud if I intentionally make false statements to receive payments and I will be responsible for repaying benefits I received in error.

DO NOT make false or misleading statements or actions.

DO NOT misrepresent or withhold facts.

DO NOT act in a way intended to mislead or misrepresent or withhold facts.

FOOD STAMP PENALTY WARNING

I understand any member of my household who intentionally breaks any of the following rules can be barred from the Food Stamp Program for 12 months after the first violation; 24 months after the second violation or for a first violation involving a controlled substance; and permanently for the third violation:

- Giving false information or hiding information to get or continue getting food stamp benefits,
- Trading, selling, or altering food stamp benefits,
- Using food stamp benefits to buy non-food items, like alcohol or tobacco, or
- Using another person's food stamp benefits, identification card or other documentation.

Depending upon the value of misused benefits, the individual can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar an individual from the program for an additional 18 months. You will also be permanently disqualified if you are convicted of trafficking food stamp benefits of \$500 or more. You will be ineligible to participate for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits at the same time.

Any member of your household who has used or received benefits involving the sale of any controlled substance is ineligible for 24 months after the first violation and permanently after the second. Any member of your household who has used or received benefits involving the sale of firearms, ammunition or explosives is permanently ineligible after the first violation.

NON-DISCRIMINATION STATEMENT

In accordance with Federal law and U.S. Department of Agriculture and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, call or write:

USDA

Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
(202) 720-5964 (voice and TDD).

OR

U.S. Dept. of HHS

Regional Manager
Office of Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312)886-2359
(312)353-5693 (TTY)

USDA and HHS are equal opportunity providers and employers.

Department Workforce Development and Department of Health Family Services are equal opportunity employers and service providers. If you have a disability, you have the right to request this information through a sign language interpreter or in an alternate format. If you do not speak or read English, you have the right to request an interpreter or to have this information translated to another language. For these services, please contact (608) 264-9820 or (866) 275-1165 TTY (Toll Free).

For civil rights questions call (608) 264-9820 or (866) 275-1165 TTY (Toll Free).

WHAT TO BRING WITH YOU

Eligibility for Wisconsin Works (W-2); Child Care Assistance (CC); Food Stamps (FS); Family Medicaid (MA); Elderly, Blind and Disabled Medicaid (EBD), BadgerCare (BC) and Caretaker Supplement (CTS) cannot be determined until you give proof of certain required information. Suggestions for ways to show proof and which programs require that proof are listed below. Bring as many items on the list as you can to your interview. If you do not cooperate in giving us the information or proof we need, your application may be denied. Tell us what items you are not able to get so we can help you get them. Depending on your situation, you may be asked to give proof of items not listed below. Your worker will give you a list of other proof that is needed.

✓ = proof required

* = proof required if self-declared information deemed questionable

Required Information	Suggested Ways to Give Proof	Program(s) Proof Requirement						
		MA	EBD	BC	FS	CC	CTS	W-2
Social Security Number (SSN)	Social Security card, award letter from Social Security Administration, or receipt for SSN application.	Self-declared				✓	✓	✓
Citizenship, Alien Status: Identity, Age and Relationship	Birth certificate, adoption papers, hospital or medical records, draft or military card, baptismal certificate, alien registration card, US Immigration form I-94, passport, or school records, court records, marriage certificate, divorce, or separation papers, or death certificate.	✓ (Alien Status Only)				✓	✓	✓
School Enrollment or Other Status	Letter from school, report card, diploma, GED certificate or high school equivalency diploma.				*		*	✓
Monthly Rent or House Payment	Rent receipt with landlord's name and phone number on it, lease or mortgage papers, real estate tax statement, homeowner's insurance statement.		*		✓		✓	
Monthly Utility Expenses	Current utility and phone bills or statement from utility company.		*		✓		✓	
Savings Accounts	Current credit union or bank statement(s).		✓		*		✓	✓
Checking Accounts	Current credit union or bank statement(s).		✓		*		✓	✓
Insurance Policies	Life insurance policy and the insurance company's statement on the policy's current cash value.		✓				✓	✓

Proof Needed	Suggested ways to Give Proof	Program (s) Requiring Proof						
		MA	EBD	BC	FS	CC	CTS	W-2
Burial Assets	Burial trust agreements, contract or deed for vault, casket or plot, and statement showing current value.		√		*		√	
Trust Funds	Trust agreement or court order.		√		√	√	√	√
Other Savings or Investments: Certificates of Deposit, Retirement Accounts (including IRA and KEOGH accounts), Stocks or Bonds.	Statement from stockbroker, copy of bonds, or current bank, credit union or savings and loan statement.		√		*		√	√
Real Estate	Deeds or titles, real estate receipts or tax records and statement of current value from local business.		√				√	√
Vehicles: (cars, trucks, boats, campers, snowmobiles, and other motorized vehicles)	Car title or registration, written statement from car dealer, loan papers or sales receipt, or State Division of Motor Vehicle statement.		√				√	√
Earned Income	Check stubs or signed statement from employer that includes gross earnings and pay dates for the last 30 days.	*	*	*	√	√	√	√
Earned Income (self employment)	Income tax returns (including Schedules SE, F, or C) or bookkeeping records.	*	*	*	√	√	√	√
Child Care Expenses	Signed statement from the child care provider or receipts and bills.	*		*	√			
Student Loans, Grants, Scholarships and Fellowships	Financial aid award letter or receipt from the financial aid office showing date aid received and amount.		*			√		
Unearned Income: Unemployment Insurance, Disability Insurance, Social Security, Retirement, Veteran's Benefits, Military Allotments	Award letter or copy of last check.	*	*	*	√	√	√	√
Child Support (Received or Paid in another state)	Court order or payment record from other state.	*	*	*	√		√	√
Pregnancy	Statement from doctor with estimated due date.	√						
Disability and Blindness or Incapacitation	Award letter from Social Security Administration or doctor's statement.		√		√			
Property: Land, Stocks, Bonds, Cash, Vehicles, etc. sold, traded, transferred or given away in the last 36 months.	Deeds, sales agreement, contract or title, or dated and signed sales slip.		√				√	

AUTHORIZATION FOR RETROACTIVE CARETAKER SUPPLEMENT (CTS)

Instructions: Complete and fax to 608-221-0991 (EDS).

Completion of this form is required under the provisions of Section 49.775 of the Wisconsin Statutes. Failure to comply may result in a denial of your retroactive payment. Personally identifiable information on this form will only be used to obtain relevant data required.

*The provision of your Social Security Number is mandatory under Wisconsin Statutes. Your Social Security Number will be used to verify whether you receive SSI and to make certain that your SSI Caretaker Supplement benefits are paid to the correct person. If you do not provide your Social Security Number, your SSI Caretaker Supplement benefits will be denied.

ES Worker Name	FAX Number ()	Telephone Number ()
Caretaker Name	Caretaker Social Security Number*	
Caretaker CARES Case Number		

Itemized Retroactive Payments

Month / Year	Name of Child	Social Security Number*	Dollar Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Total Dollar Amount to be Paid Retroactively

\$

Date - Case Comments on CARES Screen ACCC (Authorizations without completion of CARES Screen ACMP will be returned.)

(mm/dd/yyyy)

SIGNATURE - ES Worker

Date Signed (mm/dd/yyyy)

SIGNATURE - Supervisor

Date Signed (mm/dd/yyyy)

For EDS Use

Date Keyed _____

Date Returned _____

AUTHORIZATION FOR RECOUPMENT CARETAKER SUPPLEMENT (CTS)

Instructions: Complete and fax to 608-221-0991 (EDS).

Completion of this form is required under the provisions of Section 49.775 of the Wisconsin Statutes. Failure to comply may result in a denial of recoupment. Personally identifiable information on this form will only be used to obtain relevant data required.

*The provision of your Social Security Number is mandatory under Wisconsin Statutes. Your Social Security Number will be used to verify whether you receive SSI and to make certain that your SSI Caretaker Supplement benefits are paid to the correct person. If you do not provide your Social Security Number, your SSI Caretaker Supplement benefits will be denied.

ES Worker Name	FAX Number ()	Telephone Number ()
Caretaker Name	Caretaker Social Security Number*	
Caretaker CARES Case Number	Total Recoupment Dollar Amount \$	

Itemized Recoupment by Month

Month / Year	Reason

Date - Case Comments on CARES Screen ACCC (Authorizations without comments on CARES screen ACCC will be returned.) (mm/dd/yyyy)	Date - Notice of Recoupment Sent to Caretaker (mm/dd/yyyy)
SIGNATURE - ES Worker	Date Signed (mm/dd/yyyy)
SIGNATURE - Supervisor	Date Signed (mm/dd/yyyy)

For EDS Use
Date Keyed _____
Date Returned _____

CTS: Running with Dates Desk Aid

Processing Caretaker Supplement (CTS) cases, specifically establishing eligibility in a previous month (a retroactive payment), may require a worker to use the process of running SFED/SFEX with dates ("running with dates") in CARES. However, that process only needs to be used in certain situations.

It is imperative to run with dates in CARES only when absolutely necessary. Once running with dates has been done, it cannot be "undone," thereby causing the worker extra work to generate an unnecessary manual payment.

The general rule of thumb:



- If you are determining eligibility for the **whole CTS AG** (Assistance Group), running with dates **does not** need to be used. (See examples below.)
- If you are determining eligibility for an **individual member** being added to a CTS AG, running with dates **does** need to be used if the CTS AG is already receiving benefits for the month the individual is being added to the group.

Whole CTS AG

When processing CTS for the whole AG, CARES will test and determine CTS eligibility when both of the following statements are true:

1. There is a valid request on ACPA, and
2. The program request date on ACPA is set within the 9 months prior to the current month

Example 1

Sally applied for CTS benefits on May 2. On May 20, Sally's worker confirms the CTS eligibility. Since the worker is establishing eligibility for the whole CTS AG, it is not necessary for the worker to run with dates to establish the CTS eligibility and trigger a CTS payment for May. CARES will send the May benefit information through the interface with EDS on the next interface date.

A manual payment processed in this scenario would be in error. The case would be overpaid for May.

Example 2

Matthew has been receiving CTS payments since February. On May 15 his worker was notified that his SSI was terminated. His worker changes the "SSI Payment" field on ANBR from "Y" to "N" to indicate that he is no longer receiving payments. The CTS AG closed at May adverse action effective May 31.

On June 10, his worker was informed that Matthew's SSI eligibility was re-established and that he is still receiving payments. His worker changes the "SSI Payment" field on ANBR from "N" to "Y". His worker runs SFED/SFEX and re-establishes the CTS eligibility. Since the whole CTS AG is affected, CARES will open the CTS AG without having to run with dates. The CTS eligibility can be established and the payment will be triggered and sent to EDS at the next interface.

Individuals

It is necessary to run SFED/SFEX with dates to establish eligibility for an individual being added to an already open CTS AG.

Example 3

Phoua is receiving CTS. She has a child who turned seven months old on May 14. At May adverse action, the child was determined nonfinancially ineligible for CTS. Phoua remained eligible for CTS for the rest of her children. Phoua's June benefit was reduced by \$150. On June 3, Phoua verifies her child's SSN. The worker must run SFED/SFEX with dates for the month of June to establish eligibility for the child. A manual payment is processed to supplement the June payment.

The worker must then run SFED/SFEX normally (without dates) for the recurring month to determine ongoing CTS eligibility for all the children.

Example 4

Michelle is receiving CTS for her three children. On May 3, she calls her worker to report that her fourth child has returned home from foster care. The worker must run SFED/SFEX with dates for the month of May to establish eligibility for the child. A manual payment is processed to supplement the May payment.

The worker must then run SFED/SFEX normally (without dates) for the recurring month to determine ongoing CTS eligibility for all the children.

Exceptions

Exceptions occur when either:

- The CTS request date is earlier than the program request date on ACPA, or
- The program request date on ACPA is more than 9 months prior to the current month.

Example 5

On December 1, 2002, Jill received a lump-sum retroactive SSI payment. Her eligibility dates back to November 1, 2001.

Jill's worker is processing the CTS application on December 5, 2002. Depending upon what date is in the program request date field on ACPA, the worker will be able to use CARES to determine eligibility for at least some, if not all of the back months. The maximum number of months CARES is able to process is nine. The worker should run SFED/SFEX to test the CTS eligibility for these months first.

After eligibility is tested and confirmed for those months, the worker can then go back and test the remaining months of eligibility using the running with dates technique. Manual payments do need to be triggered using the appropriate form, ACMP, and case comments for these months. (It is imperative that eligibility be tested in CARES in this order. If running with dates is done first, the entire processing sequence will not work.)

The worker will run SFEX/SFED normally (without dates) to test eligibility for ongoing benefits.

Note: The ACPA request for CTS can go as far back as January 1998, provided there is a request for some other benefit at that point in time (that is, a CARES case already existed for a different program).